DEFENDANT'S EXHIBIT tabbies A Part 1

AFFIDAVIT

STATE OF ALABAMA)
)
Montgomery **COUNTY**)

I, Catherine Stallworth, hereby certify and affirm that I am a Medical Records Supv., at Kilby; that I am one of the custodians of medical records at this institution; that the attached documents are true, exact, and correct photocopies of certain medical records maintained here in the institution medical file of one Robert McCray, AIS# 167644; and that I am over the age of twenty-one years and am competent to testify to the aforesaid documents and matters stated therein.

I further certify and affirm that said documents are maintained in the usual and ordinary course of business at Kilby; and that said documents (and the entries therein) were made at, or reasonably near, the time that by, or from information transmitted by, a person with knowledge of such acts, events, and transactions referred to therein are said to have occurred.

This, I do hereby certify and affirm to on this the 22nd day of February, 2006.

Catherine Stallworth

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE

22 **Day of** Feb, **2006.**

Betty S Cox
Notary Public

12-17-09
My Commission Expires

BAPTIST MEDICAL CENTER EAST
400 Taylor Road
Montgomery, AL 36117
(334) 277-8330

Name: MCCRAY, ROBERT

MR#: E000221912
Sex: Male
DOB: [redacted]

Account: E0229100034
Admit: 10/18/02
Room/Bed: -

Admit Type: Outpatient
Discharge Date: 10/18/02
Age: 71 Years
SS Number: [redacted]
Admitting Physician: Bhuta, Dharampal P., MD
Ordering Physician: Bhuta, Dharampal P., MD

Surgical Pathology Final Report

PATHOLOGY NO: ES-02-0003773

Collected: 10/18/02
Received: 10/18/02 12:11:00 PM
Physician: Bell, Norman D, MD

Performed At

Baptist Medical Center East
400 Taylor Rd
Montgomery, Alabama 36117
phone (334) 244-8495 fax (334) 277-0471

Clinical Information

Increased PSA

Final Diagnosis

A. RIGHT SIDE OF PROSTATE GLAND, NEEDLE CORE BIOPSY: CHRONIC INFLAMMATION, BASAL CELL HYPERPLASIA AND FOCAL GLANDULAR ATROPHY.
- CARCINOMA NOT IDENTIFIED.

B. LEFT SIDE OF PROSTATE GLAND, NEEDLE CORE BIOPSY: PROSTATIC ADENOCARCINOMA, INTERMEDIATE GRADE - GLEASON'S SCORE 6 (3+3) IN ONE CORE FROM THE ANTERIOR WALL OF THE CAPSULE.
- MAXIMUM INVOLVEDCORE VOLUME: 10%
- PERINEURIAL INVASION NOT IDENTIFIED.
- CHRONIC AND FOCAL ACTIVE INFLAMMATION, BASAL CELL HYPERPLASIA, FOCAL

FAXED

BAPTIST MEDICAL CENTER EAST
400 Taylor Road
Montgomery, AL 36117
(334) 277-8330

Name: MCCRAY, ROBERT

Account: E0229100034

Surgical Pathology Final Report

PATHOLOGY NO: ES-02-0003773

Collected: 10/18/02
Received: 10/18/02 12:11:00 PM
Physician: Bell, Norman D, MD

GLANDULAR ATROPHY. NB/argh/10/21/02

Bell, Norman D, MD
(Electronically signed by)
Verified: 10/22/02 2:39 pm
NDB/ARH

Gross Description

A. The specimen is received in a container of formalin labeled "right X4" and consists of 4 elongated white cores that range up to 1.1 x 0.1 cm and are submitted in cassette A.

B. The specimen is received in a container of formalin labeled "left X4" and consists of 5 elongaged white cores that range up to 1.2 x 0.1 cm and are submitted in cassette B. NB/argh/10/21/02

Summary of Sections

A. 1 block, 3 H&E slides
B. 1 block, 3 H&E slides
SPECIAL STAIN: HMWK

Microscopic Description

A. The cores show basal cell hyperplasia present in multiple foci, and a moderate lymphocytic infiltrate. Glandular atrophy is focally present. Carcinoma is not identified.

B. In one core that also has prominent skeletal muscle fibers (and so likely represents the anterior wall of the capsule) is seen a minute cluster of small glands which are closely adjacent to these fibers and which have enlarged atypical appearing nuclei. The neoplastic nature of these glands is further confirmed by the fact that they stain negative with HMWK, thus indicating loss of their basal layer. The neoplasm is approximately 10%

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Name: MCCRAY, ROBERT

Account: E0229100034

Surgical Pathology Final Report

PATHOLOGY NO: ES-02-0003773

Collected: 10/18/02
Received: 10/18/02 12:11:00 PM
Physician: Bell, Norman D, MD

of the core volume and is without perineurial invasion. The remainder of the cores show findings as described for part A, and active inflammation is also focally present in one of them. NB/argh/10/21/02

PHS
PRISON HEALTH SERVICES INCORPORATED

PHYSICIANS' ORDERS

NAME: McCray, Robert
D.O.B. [redacted]
ALLERGIES: catapres
Use Last Date 6/3/04

DIAGNOSIS (If Chg'd)
Recheck glucose Rx c eye doctor
place on list please - doesn't
need eyam necessarily
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: McCray, Robert 167644
D.O.B. [redacted]
ALLERGIES: catapres
Use Fourth Date 5/20/04

DIAGNOSIS (If Chg'd)
Lopid 600mg po bid X 180 days
Mevacor 20mg 1 q HS X duration (1 yr)
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: McCray, Robert 167644
D.O.B. [redacted]
ALLERGIES:
Use Third Date 5/6/04

DIAGNOSIS (If Chg'd)
send to UAB for seed implant toenail clipping
Panel I q 3 months
↑ Minipres 2mg ÷ day X 180 days
BP X 3 days (notify if ↑)
AF cream tid X 7 days
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: McCray, Robert 167644
D.O.B. [redacted]
ALLERGIES: Catapres
Use Second Date 5/3/04

DIAGNOSIS (If Chg'd)
RTC for eval
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: McCray, Robert 167644
D.O.B. [redacted]
ALLERGIES: Catapress
Use First Date 4/21/04

DIAGNOSIS
RTC for eval
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY

PHS
PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: McCray, Robert D.O.B.: [redacted]
6-23-04 1300	R, cvd SCC/SHCA vol I + II of III c meds. D. Ellenberg
8-6-04	MD appt for Prostate CA. — M Barnett

PHS
PRISON HEALTH SERVICES INCORPORATED

Staton

No show

PROGRESS NOTES

[redacted]

Date/Time	Inmate's Name: McCray, Robert # 167644 D.O.B.: [redacted]
08/13/04	To see Hcp for F/U UGI
~~Wgt~~	~~219, 20, 99.1, 0299, 77, 164/88.~~
	∅ show for MD 08/13/04
8/18/04 @ 1450	Escorted to MOU per DOC officer for FWA in AM
	B/P 150/80 Resp 18 temp 97 pulse 78 —— [signature]
10/20/04	
S-	F/U from Free World Dr Stephen White ——
O-	No notes sent ē pt. Elevated PSA
A/P-	Contacted Dr White's office. Notes to be faxed.
	Has F/U appt ~~not w~~ 11/02/04 - Um submitted
	Also has urology appt 11/8/04 —— [signature]
11/7/04	MOU FWA 110/70 98.6 80 20 —— [signature]
11/8/04 4:20 PM	Ret from FWA via DOC - 97.9 - 64 - 20 - 140/80 - Placed
	in MOU - NDN —— [signature]
11/9/04	S- No complaints
12A	O- Lying in bed quietly. Alert & Orient X3
	Resp ē ease. No acute distress noted at
	this time
	A) Alteration in health maintenance
	P) Continue the plan of care —— [signature]
11/9/04	MOU PT
Wgt 217	B/P 130/72 T 98.2 P- 72 R- 18 O2 sat 98
	F/U F/W Dr Bhuta Hx Prostate CANCER
	X-Rays needed of Ribs 10th 11th LS spine w/

60111 (5/85) Complete Both Sides Before Using Another Sheet

Date/Time	Inmate's Name:	D.O.B.: / /

F/u TO Dr Bhutah . WHO Also Rec Radium Seed implants.

PATIENT reports ↓ PO intake due to Prison food. REFUSES ISORDIL - No Hx of CP but HAS SL NTG - which he has never USED.

HAS A Rx TO ISORDIL & HAS NOT taken NOW SINCE ordered in April 04. - DIZZY, ACHES, HA & has SOB.

GEN NAD

HEENT (-) OTM

LUNGS: CLEAR (B)

CV: NSR S1 S2

ABD (+)

EXT & calves & CYANOSIS

A: PROSTATE CANCER

1. X-RAYS
2. F/U & Dr Bhutah & X-RAYS 1-2 wks
3. Approval for seed implants

H. Shelley

Date/Time	Inmate's Name: D.O.B.: / /
5-12-04 11:30A	ND show for ND appt. ——— M Meier, LPN
6/3/04	Refused kitchen clearance + PPD – states gave once this year. Shift commander notified. Ma

PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: McCray, Robert D.O.B.: [redacted]
4/1/04 1:20 pm	T 97.1 P 61 R 20 BP 180/99 Wt 160 See CCC HTN JRHm
4/20/04 8:25 AM	inmate stopped me on the sidewalk & stated that "Isordil" was causing him to be dizzy. I instructed him to put in a sick call slip so we could evaluate him and check his blood pressure. He became irritated and stated that it was a ploy/racket to get his $3.00. Again, I instructed him to come to HCU for evaluation. JRHm
4/30/04	Spoke 2 Dr Bhuta (cardiology) in Montgomery AL & will try to get inmate back in here to discuss RX options and what he wants done. JRHm
XRT radiation seed	
5-6-04 9:40 AM	T 98.4 BP 169/99 P 72, R 20, Wt 159. "has not received all his BP meds yet." sleeps 8-9 hrs/ but still has fatigue & quit taking both Isordil & Cardizem because he felt dizzy headed. BP 154/94 O: bm in NAD Lung CTA CV: RRR S murmur A: HTN prostate CA Plan: Send to UAB Urology for implant seeding & ✓BP x 3 days JRHm

60111 (5/85) Complete Both Sides Before Using Another Sheet

UAB SCHOOL OF MEDICINE
Department of Surgery

UROLOGY INITIAL CLINIC VISIT

ROBERT MCCRAY	MR# 000001921995	08/25/2005
Patient Name	Record No.	Visit Date

Requesting Physician: Winfred Williams, M.D.
Address: State Correctional Facility. P.O. Box 56, Elmore, Alabama 36025
Phone: (334) 567-1528/(334) 567-7167 (fax)

DIAGNOSIS:
Prostate cancer

MEDICATIONS:
Flomax 0.4 daily, Minipress 2mg b.i.d., Aspirin 325, Fiber and Mevacor

ALLERGIES:
Visitec, Cetapred

CHIEF COMPLAINT:
Prostate cancer

PRESENT ILLNESS:
72-year-old male who is incarcerated at Elmore State Prison with diagnosis of prostate cancer in 2002 by Dr. Bhuta. His outside pathology slides were reviewed at UAB and confirmed diagnosis of prostate cancer with a Gleason pattern of 3+3=6/10 in the left lobe single focus. The patient has a large prostate but we do not have his outside ultrasound measurement. His PSA is 8.4.

REVIEW OF SYSTEMS:
Muscle cramps in his legs. His American Urological Association (AUA) symptoms score is 25 and is quality of life is unhappy.

PAST FAMILY / SOCIAL HISTORY:
Orthopedic knee surgery. He had a bone scan on August 31, 2004 showing increased uptake of the lumbar spine with negative plain films. Family history negative for cancer. Father died at age 93. Mother died at age 86. He denies tobacco. He was a former teacher in Language Arts, Tuskegee Institute, and he grew up in Philadelphia in the German town neighborhood.

PHYSICAL EXAMINATION:
Weight 160 lb; blood pressure 125/82. LUNGS: Clear. HEART: Regular. ABDOMEN: Benign. Normal penis and testicles. Digital rectal exam notes a 5 x 5 60-80 gram prostate, smooth texture. Extremities without edema.

IMPRESSION:
T1CNXMO prostate cancer with a Gleason score of 3+3=6/10. Low-risk disease with a PSA of 8.4 but a very large prostate, severe lower tract obstructive symptoms.

Options reviewed and patient recommended a hormone reduction. If he desires seed implantation he will need consult with Dr. Robert Kim. Consult was done with Dr. Kim and the patient has elected to follow his cancer expectedly and not undergo treatment. He does not want hormone shots or hormone reduction therapy and implantation would be the only acceptable form of therapy for him. He does not want surgery and does not want to have external radiation therapy so we recommended check of PSA every three months and watchful waiting for prostate cancer.

UAB SCHOOL OF MEDICINE
Department of Surgery

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ROBERT MCCRAY	MR# 000001921995	08/25/2005
Patient Name	Record No.	Visit Date

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UAB Department of Urology
Initial Clinic Note

MCCRAY, ROBERT	MR# 000001921995	08/25/2005
Patient Name	Record No.	Visit Date

PLAN:

1. Check PSA every three months,
2. We have to make sure that the Prison system gets proper notification for bill.

DAU/abs/2437
D: 2005-08-25
T: 8/26/2005 4:49 AM

Donald A Urban, M.D.
Associate Professor

Electronically Signed by Donald Urban M.D. on 09/09/2005 at 1034 CDT

cc: Winfred Williams, M.D.

06/29/2005 WED 8:35 FAX 334 567 1538 Staton Health Unit 002/002

06/15/2005 11:57 FAX 3343958156 REGIONAL OFFICE → STATON 004

06/14/2005 TUE 13:50 FAX 334 567 1538 Staton Health Unit 002/002

At Akers Carl Atmore

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

PHS

Form must be complete and Legible. You must Type or Print

Please send this form with the Authorization Letter to the service provider at the time of the Appointment

RECEIVED JUN 29 2005

RECEIVED JUN 14 2005

DEMOGRAPHICS

Site Name & Number: Staton 843

Site Phone #: (334) 567-1545

Site Fax #: (334) 567-1538

Will there be a charge? ☒ Yes ☐ No

Sex: ☒ Male ☐ Female

Patient Name: (Last, First.) McCRAY, Robert

Alias: (Last, First.)

Inmate #: 167644

SS Number: [redacted]

Date: (mm/dd/yy) 6-14-05

Date of Birth: (mm/dd/yy) [redacted]

PHS Custody Date: (mm/dd/yy) 05-21-92

Potential Release Date: (mm/dd/yy) 09-_-05

Responsible party: ☐ PHS ☐ Auto Ins. ☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans) ☐ Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services):

CLINICAL DATA

Requesting Provider: ☒ Physician ☐ NP, PA ☐ Dental

John M. Peasant, SR MD

Facility Medical Director Signature and Date: [signature]

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV) ☐ X-ray (XR) ☐ Scheduled Admission (SA)
☐ Outpatient Surgery (OS) ☐ Dialysis (DA)

☐ Routine ☒ Urgent

Estimated Date of Service (mm/dd/yy) __/__/__

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments: ☐ Radiation therapy ☐ Chemotherapy ☐ Other

Number of Visits/Treatments: 3

Specialist referred to: UAB Urology, Dr. Urban

Type of Consultation, Treatment, Procedure or Surgery: Dr. Urban and staff Urologist Consultation for brachytherapy

Diagnosis: Prostate CA

ICD-9 code: 236.5

You must include copies of pertinent reports such as lab results, any interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of illness/injury/symptoms with Date of Onset: 71 yo B/M c CA of prostate for 2 years. He wants brachy therapy. Pt needed repeat prostate biopsy but refused to have it done locally.

Results of a complaint directed physical examination: Pt want repeat biopsy done at UAB.

Previous treatment and response (including medications): Lupron injections

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

☐ Alternative Treatment Plan (explain here):

☒ More Information Requested: (See Attached)

☐ Resubmitted with requested information.

☐ Offsite Service Recommended and Authorized

Has he seen Dr Urban before?

FAXED 6/14/05

Date resubmitted:

Regional Medical Director Signature, printed name and date required: WILL MOBLEY, MD [signature] 6/15/05

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

CPT Type: UR Med. Class: OV CPT code: 99201 UR Auth #: 15186548

US4 - UM Referral review form

6/28/05 Pt. has not seen Dr. Urban before, Only phone calls to Dr. Urban lung providers. Thanks

APP Consultation 1st [signature] 6/30/05

DIPLOMATES AMERICAN BOARD OF UROLOGY
P.M. Shashy, M.D., F.A.C.S.
P.S. Shashy, M.D., F.A.C.S.
Margaret Vereb, M.D.

DRS. SHASHY, SHASHY & VEREB
ADULT AND PEDIATRIC UROLOGY • UROLOGIC ONCOLOGY • IMPOTENCY • MALE INFERTILITY
1722 PINE STREET • MONTGOMERY, ALABAMA 36106-1179
TELEPHONE (334) 262-4418 FAX (334) 264-5483

May 17, 2005

Winfred D. Williams
Facility Medical Director
Staton Correctional Center
Staton 843
P.O. Box 56
Elmore, AL 36025

RE: ROBERT McCRAY, Inmate #167644, [redacted]

Dear Ms. Williams:

I regret to inform you that Mr. McCray refused any biopsy or any further intervention and it is his desire to proceed immediately to UAB Department of Urology. I agree with him in some respect that if there is documented evidence of prostate carcinoma on the previous biopsy done two years ago, that is enough reason for proceeding with whatever treatment is recommended and accepted by the patient. Accordingly, he has insisted on brachytherapy.

I would urge that you immediately refer to the patient to UAB Department of Urology and let them discuss their requirements before this procedure.

Sincerely,

Paul Shashy

Paul M. Shashy, M.D.

PMS/dl

Form must be Complete and Legible. You must Type or Print
Please send this with the Authorization Letter to the service provider at the time of the Appointment

PHS

DEMOGRAPHICS

Site Name & Number:	Patient Name: (Last, First,)	Date: (mm/dd/yy)
Staton 843 Staton	McCRAY Robert	04/21/05
Site Phone #	**Alias: (Last, First,)**	**Date of Birth: (mm/dd/yy)**
(334) 567-1548		[redacted]
Site Fax #	**Inmate #**	**PHS Custody Date: (mm/dd/yy)**
(334) 567-1538	167644	05/21/92
Will there be a charge? ☒ Yes ☐ No / **Sex** ☒ Male ☐ Female	**SS Number** [redacted]	**Potential Release Date: (mm/dd/yy)** 09/__/05

Responsible party: ☐ PHS ☐ Auto Ins. ☐ Health Ins.(Excludes Medicare/Medicaid Managed Care alternative plans) ☐ Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services):_____

CLINICAL DATA

Requesting Provider: ☐ Physician ☐ NP, PA ☐ Dental

WINFRED D. WILLIAMS

Facility Medical Director Signature and Date:

H. Jud D. Williams

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV) ☐ X-ray (XR) ☐ Scheduled Admission (SA)
☐ Outpatient Surgery (OS) ☐ Dialysis (DA)

☐ Routine ☒ Urgent

Estimated Date of Service (mm/dd/yy): __/__/__

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments: ☐ Radiation therapy ☐ Chemotherapy ☐ Other:_____

Number of Visits/Treatments: 3

Specialist referred to: Dr ~~Mobley~~ Shasky - 1723 Pine Street

Type of Consultation, Treatment, Procedure or Surgery:
Urologist For Biopsy of Prostate
5/17/05 10:30 AM Meets Dr. Shasky before

Diagnosis: Prostate Cancer.
ICD-9 code:

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of illness/injury/sypmtoms with Date of Onset:
Prostate Cancer

Results of a complaint directed physical examination:
Patient Needs Repeat Biopsy for Radioactive seed implant.

Last Biopsy – 10/2002 w/ Gleason 6/10 UAB Requires Current Biopsy for therapy.

Previous treatment and response (including medications):
Lupron injections, Bone scan, Dr Bhatia Refuses to see patient.

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

☐ Offsite Service Recommended and Authorized

☐ Alternative Treatment Plan (explain here):

☐ More Information Requested: (See Attached)

☐ Resubmitted with requested information.

Date resubmitted: __/__/__

FAXED 4-21-05 EF

Regional Medical Director Signature, printed name and date required:

__/__/__ (mm/dd/yy)

Do not write below this line. For Case Manager and Corporate Data Entry ONLY

Cert Type: Med Class:	CPT code:	UR Auth #: 14940608

UTILIZATIO... NAGEMENT REFERRAL REV... / FORM

PHS

For... ...st be Complete and Legible. You must Type or Prin...

Please send this form with the Authorization Letter to the service provider at the time of the Appointment

DEMOGRAPHICS

Site Name & Number: Staton 843 Staton

Site Phone #: (334) 567-1548

Site Fax #: (334) 567-1538

Will there be a charge? ☒ Yes ☐ No

Sex: ☒ Male ☐ Female

Patient Name: (Last, First,) McCRAY Robert

Alias: (Last, First,)

Inmate #: 167644

SS Number: [redacted]

Date: (mm/dd/yy) 04/21/05

Date of Birth: (mm/dd/yy) [redacted]

PHS Custody Date: (mm/dd/yy) 05/21/92

Potential Release Date: (mm/dd/yy) 09/ /05

Responsible party: ☐ PHS ☐ Auto Ins. ☐ Health Ins.(Excludes Medicare/Medicaid Managed Care alternative plans) ☐ Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services):_____

CLINICAL DATA

Requesting Provider: ☐ Physician ☐ NP, PA ☐ Dental

WINFRED D. WILLIAMS

Facility Medical Director Signature and Date:

Winfred D. Williams

☐ Service meets criteria for "approval via protocol"

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☒ Office Visit (OV) ☐ X-ray (XR) ☐ Scheduled Admission (SA)
☐ Outpatient Surgery (OS) ☐ Dialysis (DA)

☐ Routine ☒ Urgent

Estimated Date of Service (mm/dd/yy) __/__/__

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments: ☐ Radiation therapy ☐ Chemotherapy

Number of Visits/Treatments: 3 ☐ Other:_____

Specialist referred to: Dr ~~Murray~~ Shashy - 1733 Pine Street

Type of Consultation, Treatment, Procedure or Surgery:

Urologist For Biopsy of Prostate

5/17/05 10:30 Meets Dr one hr before

Diagnosis: Prostate Cancer.

ICD-9 code:

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

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History of illness/injury/sypmtoms with Date of Onset:

Prostate Cancer

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Patient Needs Repeat Biopsy for Radioactive seed implant.

Last Biopsy – 10/2002 w/ Gleason 6/10 UAB Requires Current Biopsy for therapy.

Previous treatment and response (including medications):

Lupron injections, Bone Scan, Dr Bhula Refuses to see patient.

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

☐ Offsite Service Recommended and Authorized

FAXED 4-21-05 CF

☐ Alternative Treatment Plan (explain here):

☐ More Information Requested: (See Attached)

☐ Resubmitted with requested information

Date resubmitted: __/__/__

Regional Medical Director Signature, printed name and date required: __/__/__ (mm/dd/yy)

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type: Med Class:

CPT code:

UR Auth #: 14940608

Diane

MONTGOMERY CANCER CENTER

Harry M. Barnes, III, M.D.
Keith A. Thompson, M.D.
Stephen L. Davidson, M.D.
Stephen Andrew White, M.D.

William W. Helvie, M.D.
R. Lee Franklin, M.D.

Michael L. Ingram, M.D. Cr

FACSIMILE COVER SHEET

DATE: 2/2/05

TO: Don McArthur **#:** 567-1538

NUMBER OF PAGES INCLUDING COVER SHEET: #7

FROM: Montgomery Cancer Center – Telephone Triage Nurse

NAME: [signature]

FAX: 334-273-2376 **Telephone:** 334-273-7000

Message:

Dr. White said Mr. McCray can be referred to urologist @ UAB rather than return to see him. Call UAB (1-800-292-6508) & ask for urology clinic. If additional help is needed, please contact us.

CONFIDENTIALITY NOTATION

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Montgomery Cancer Center 4145 Carmichael Rd Montgomery, Alabama 36106

Carmichael Imaging

PATIENT NAME
MCCRAY,ROBERT

ACCOUNT NO
54534

AGE/SEX
71/M

MPI NUMBER
51053

DATE OF BIRTH
[redacted]

DATE OF SERVICE
01/17/05

REFERRING PHYSICIAN:
STEPHEN WHITE MD
4145 CARMICHAEL ROAD
MONTGOMERY AL 36106-

01/17/05: NM BONE SCAN-WHOLE BODY

REVIEWED AND INTERPRETED BY:
CYNTHIA LORINO, MD

ELECTRONICALLY VERIFIED BY:
CYNTHIA LORINO, MD 01/18/2005

CL/EE

Dictation Date/Time:01/18/05 07:23
Ordered Date: 01/14/05 13:10

ft 2-205

Carmichael Imaging

4147 Carmichael Road Montgomery, AL 36106-2801 334-387-1100

PATIENT NAME	ACCOUNT NO	AGE/SEX	MPI NUMBER
MCCRAY,ROBERT	54534	71/M	51053

REFERRING PHYSICIAN:
STEPHEN WHITE MD
4145 CARMICHAEL ROAD
MONTGOMERY AL 36106-

DATE OF BIRTH [redacted]

DATE OF SERVICE
01/17/05

COPY TO:

01/17/05: NM BONE SCAN-WHOLE BODY

EXAM INDICATIONS:

CLINICAL HISTORY: Prostate carcinoma.

COMPARISON: There is a report from a prior bone scan at AMI done on 08/31/04. Those films are not available.

TECHNIQUE: The patient was injected with 30.75mCi of Technetium 99 m-MDP. Whole body images were obtained.

FINDINGS:
On this exam there is good uptake of the radionuclide throughout the bony skeleton. There is increased uptake in the sternoclavicular joints, worse on the left. This is described on the previous study and is more consistent with degenerative process. There is also increased uptake in the sternum proximally which is more suspicious. This is described on the previous report also. Uptake seen previously in the right 10th and 11th ribs posteriorly (according to the prior report) is again noted. These are not quite in alignment although they could still be post traumatic. This is thought more likely than metastatic disease although certainly that cannot be excluded. There is intense uptake in the L5 region. Again this may be degenerative. Increased uptake is also noted in the right knee medially which is more degenerative in appearance. This is also described on the prior report. No other focal areas of increased uptake are seen. There is excretion of radionuclide by both kidneys.

IMPRESSION:
1. FROM THE PRIOR BONE SCAN REPORT THERE DOES NOT APPEAR TO BE A SIGNIFICANT CHANGE IN THE APPEARANCE OF THE BONE SCAN SINCE THAT STUDY OF 08/31/04.
2. AREAS OF INCREASED UPTAKE IN THE SC JOINTS, L5 REGION, AND RIGHT KNEE WHICH ARE CONSISTENT WITH DEGENERATIVE CHANGE. OTHER ETIOLOGIES ARE POSSIBLE PARTICULARLY IN THE L5 REGION.
3. UPTAKE IN THE RIGHT 10TH AND 11TH RIBS WHICH COULD BE POST TRAUMATIC.
4. UPTAKE IN THE PROXIMAL STERNUM WHICH IS THE MOST SUSPICIOUS AREA SEEN.

JAW
2-2-05

Dictation Date/Time:01/18/05 07:23
Ordered Date: 01/14/05 13:10

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

PHS

2

Form must be Complete and Legible. You must Type or Print
Please send this form with the authorization Letter to the service provider at the time of the Appointment

DEMOGRAPHICS

Site Name & Number	Patient Name: (Last, First)	Date: (mm/dd/yy)
Staton 843	McCray, Robert	10/20/04
Site Phone #	**Alias: (Last, First)**	**Date of Birth: (mm/dd/yy)**
(334) 567 - 1548		[redacted]
Site Fax #	**Inmate #**	**PHS Custody Date: (mm/dd/yy)**
(334) 567 - 1538	167644	05/26/04
Will there be a charge? ☒ Yes ☐ No / **Sex** ☒ Male ☐ Female	**SS Number** [redacted]	**Potential Release Date: (mm/dd/yy)** 12/07/13

Responsible party: ☒ PHS ☐ Alien Ins. ☐ Health Ins.(Excludes Medicare/Medicaid Managed Care alternative plans) ☐ Other, be specific (Excludes Medicare and Medicaid):

CLINICAL DATA

Requesting Provider: ☐ Physician ☒ NP, PA ☐ Dental

Rasmussen (RNP)

Facility Medical Director Signature and Date

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV) ☐ X-ray (XR) ☐ Scheduled Admission (SA)
☐ Outpatient Surgery (OS) ☐ Dialysis (DA)

☒ Routine ☐ Urgent 1430

Estimated Date of Service (mm/dd/yy): 11/02/04

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments: ☒ Radiation therapy ☒ Chemotherapy ☐ Other:

Number of Visits/Treatments: 3

Specialist referred to: Stephen White (CA Center)

Type of Consultation, Treatment, Procedure or Surgery:

Evaluate & treat - Has Appt 11/2/04

History of illness/injury/symptoms with Date of Onset:

Gleason Score 6
Prostate CA & possible mets
to Lumbar vertebrae
Rt Ribs, sternum

Results of a complaint directed physical examination:

Bonescan 8-3-04 abnormal uptake (R) Ribs, sternum & possible L5 spine
PSA 8.4 7/6/04

Previous treatment and response (including medications):

Appt 11/8 = urologist

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION: ☐ Offsite Service Recommended and Authorized

☐ Alternative Treatment Plan (explain here):

☐ More Information Requested: (See Attached)

☐ Resubmitted with requested information. **Date resubmitted:** ___/___/___

Regional Medical Director Signature, printed name and date required: Will Mosier, MD 10/25/04 (mm/dd/yy)

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cat Type:	Med Class:	UR Auth #:
OV/OV	99201	14336980

ADVANCED MEDICAL IMAGING CENTER

NUCLEAR MEDICINE

PATIENT: Robert McCray

DATE: 8-31-04

YOU HAVE BEEN INJECTED WITH A RADIOACTIVE MATERIAL FOR A BONE SCAN. THE DOSE NEEDS TO CIRCULATE SEVERAL HOURS BEFORE IMAGES ARE MADE.

YOU MUST RETURN AT 12:00 FOR YOUR SCAN.

YOU MAY EAT IF YOU WISH. YOU MUST DRINK AT LEAST 18 - 24 OUNCES OF FLUIDS BEFORE YOU RETURN.
EMPTY YOUR BLADDER AS OFTEN AS NECESSARY.

THANK YOU.

Bone scan completed 8/31/04
Report to follow.

J Hasse, CNMT

Advanced Medical Imaging Center
525 S Lawrence Street
Montgomery, AL 36104
334-262-7226
Toll Free: 800/844-7226
Fax: 334-261-2641

Winfred Williams,MD 08/31/2004
P O Box 56 Hwy 143 Staton Correctional Facility
Elmore, AL 36025

Re: McCray, Robert
DOB: [redacted]
Account#: 888440
Chart#: 70708
Exam: NM BONE SCAN 08-31-04

NM BONE SCAN:
CLINICAL HISTORY: Prostate cancer. Back pain

TECHNIQUE: The patient was administered 26.8 millicuries of Tc99m MDP for a whole body bone scan.

FINDINGS: The prior bone scan of December 2002 is not available for comparison. There is an area of abnormal increased uptake of radiotracer in the proximal aspect of the sternum. There is mild increased uptake in both sternoclavicular joint regions that is felt to be degenerative in nature. There are two areas of focal increased uptake in the right posterior lower rib regions that appear to be in rib #10 and #11. Also, there is increased uptake that project over the facet regions of the L5 vertebral body that may relate to degenerative change. Recommend correlation with lumbar spine radiographs for this finding. There is increased uptake in the medial compartment of the right knee consistent with degenerative joint disease.

IMPRESSION:
1. Several areas of abnormal uptake, some of which are suspicious for a metastatic process, particularly in the right ribs and sternum.
2. Uptake in the lower lumbar spine that may be degenerative in nature but radiographs are recommended for correlation.

JEFF ADAMS, MD

JA/lgh

Advanced Medical Imaging Center
525 S Lawrence Street
Montgomery, AL 36104
334-262-7226
Toll Free: 800/844-7226
Fax: 334-261-2641

Advanced Medical
Imaging Center

Winfred Williams,MD 08/31/2004
P O Box 56 Hwy 143 Staton Correctional Facility
Elmore, AL 36025

Re: McCray, Robert
DOB: [redacted]
Account#: 888440
Chart#: 70708
Exam: NM BONE SCAN 08-31-04

9/2/04 (W)

NM BONE SCAN:
CLINICAL HISTORY: Prostate cancer. Back pain

TECHNIQUE: The patient was administered 26.8 millicuries of Tc99m MDP for a whole body bone scan.

FINDINGS: The prior bone scan of December 2002 is not available for comparison. There is an area of abnormal increased uptake of radiotracer in the proximal aspect of the sternum. There is mild increased uptake in both sternoclavicular joint regions that is felt to be degenerative in nature. There are two areas of focal increased uptake in the right posterior lower rib regions that appear to be in rib #10 and #11. Also, there is increased uptake that project over the facet regions of the L5 vertebral body that may relate to degenerative change. Recommend correlation with lumbar spine radiographs for this finding. There is increased uptake in the medial compartment of the right knee consistent with degenerative joint disease.

IMPRESSION:
1. Several areas of abnormal uptake, some of which are suspicious for a metastatic process, particularly in the right ribs and sternum.
2. Uptake in the lower lumbar spine that may be degenerative in nature but radiographs are recommended for correlation.

JEFF ADAMS, MD

JA/lgh

Robert McCray
Chart 376
Age 69, sex M
11/4/02

Mr. McCray came to see us for further followup. He had a biopsy done and his pathology report was adenocarcinoma of the prostate gland with Gleason score of 6 (3+3). Biopsy was positive from the left lobe. He has no other urological complaints. He is having difficulty voiding and claims that Flomax did help.

We have talked with him in detail about treatment. He elected not to have surgery done. We talked to him about radiation therapy treatment and Lupron injections. He agreed to have this treatment done. We told him that radiation therapy might not cure the prostate cancer. He understood.

He will need a bone scan. Once the bone scan is complete, he should have hormone treatment with Lupron injections. He will also have radiation therapy treatment.

Will send a letter to Kilby Correctional Facility. They will do the bone scan and if it is negative they will proceed with radiation therapy treatment and Lupron injections. He also needs to continue taking Flomax- we gave him the samples.

Copy to Dr. McLain

PROBLEM LIST

Name McCray, Robert

ID # 167644

D.O.B. [redacted]

Medication Allergies ~~NKDA~~ Catapres (hypersensitive to it)

Date Identified	Chronic (Long-Term) Problems ~~Roman~~ Numerals for Medical/Surgical Capital Letters for Psychiatric/Behavioral	Date Resolved	Health Care Practitioner Initial
	1) HCVD		BA
3/6/91	② indifferent med compliance	? 1/29/97	
4/24/96	③ arthritic changes, (B) 3rd finger		
6/24/93	④ mild deg. spurring throughout thoracic spine		
	⑤ sacralization of 5th lumbar segment		
	? TIA		
	DSV		
7/31/07	CTT		
1/4/07	Feb. 03 ADENOCARCINOMA of PROSTATE PSA		JW
4/25/07	HEMORRHOIDS		
1992	HTN		JW
5/6/04	tinea (feet)		JW

PRISON HEALTH SERVICES INCORPORATED

Master Problem List

Name: McCray, Robert Date of Birth: [redacted]

PROBLEM =	DATE ONSET	INITIALS	ACTIVE PROBLEM	TREATMENT GOALS	
	2/2003	ms	S/P Radiation Tx Prostatic CA		
			HTN		

08 (4/87)

Inmate:

DOC#: ________ Race: ____ Gender ____

Physician's Chronic Care Clinic

Date: 12/9/05 Time: 1410 Facility: Staton

Check all applicable CICs being evaluated: ✓ Card/HTN __DM__GI__ID__PUL__SZ__TB

OBJECTIVE: BP 130/80 HR 64 RR 20 Temp 97.8 Wt 163 Peak Flow ____ 97%

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities,; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

Catapres
~~Detrique~~

Fiber 12x 625mg
~~ASA EC 325mg~~
Diltiazem 240mg
Atenolol 50mg
Mevacor 20mg
Colace 100mg
Flomax 0.4mg
Prazosin 1mg

PSA 7.6↑ 9/22/05
BUN 15 | Creat 1.5 7/22/05
AP 92 / Bil 0.5 / AST 18 / ALT 15
Chol 130
Trig 64
HDL 43
LDL 74
Eye Exam 4/9/04
01/10/05

[illegible] NAD noted
[illegible] Bruits
[illegible]
lungs CTAB
abd [illegible]
EXT w/o [illegible] edema

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD (circled)	SZ	PUL	ID	GI	OTHER: Prostate CA
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control
G F P	G (F) P	G F P	G F P	G F P	G F P	G F (P)
Status	Status	Status	Status	Status	Status	Status
I S W	I (S) W	I S W	I S W	I S W	I S W	I (S) W

PLAN: (1) HTN ASA / Atenolol / Diltiazem
(2) Prostate Cancer followed by UAB. Has refused hormone / Surgery
(3) Dyslipidemia Mevacor. monitor LFTs & lipids

F/U: Routine 90 days: ✓

Other ________ (4) Health

LABS pending 12/05
Not in computer yet

Physician: [signature] MD

√ CXR
Eye Exam

Problem List updated: Yes (No)

(01/31/05)

Robert McCray 167644

8/4/05 – Pt seen again will be CC for 7/19/05

Physician's Chronic Care Clinic

Date: 7/19/05 Time: 11:30 Facility: Staton

Check all applicable CICs being evaluated: ✓ Card/HTN __DM__GI__ID__PUL__SZ__TB BM

OBJECTIVE: BP 122/78 HR 58 RR 18 Temp 98° Wt 160 Peak Flow ___ O2 sat 96%

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities,; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

V.S. 100/58 P48. RR20 98' repeat pulse 52 wt 161
① c/o fatigue + swelling in legs (see PN of 8/4/05
② Eye grounds not seen

Neck ŝ bruits
Lungs clear
Ht ŝ murmur
Legs ĉ ½+ - 1+ Edema
DP pulses 1+ bilat.

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's ~~Visit. Degree of Control: G=Good, F=Fair, P=Poor~~ ~~Status: I=Improved, S=Stable, W=Worsened~~

DM	HTN/CARD (circled)	SZ	PUL	ID	GI	OTHER
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control
(G) F P	(G) F P	G F P	G F P	G F P	G F P	G F P
Status	Status	Status	Status	Status	Status	Status
I S W	(I) S W	I S W	I S W	I S W	I S W	I S W

PLAN: ① Because of ↓ Pulse + c/o fatigue – I will decrease minipres to .2 mg qd ④ Hct in lab
② Cont all other meds as is
③ Await FLA for prostate

F/U: Routine 90 days: ✓

Other___

[signature] MD
Physician

Problem List updated: Yes (No)

(01/31/05)

INMATE NAME	NUMBER	AGE	RACE/SEX	SIGNATURE:

...HEALTH SERVICES

Name: _____
Inamte #. _____
DOB: _____ Race: ____ Gender ___

Physician's Chronic Care Clinic

Date: 5/02/05 Time: 1103AM Facility: Staton

Check all applicable CICs being evaluated: ✓ Card/HTN __DM__GI__ID__PUL__SZ__TB__SN/CA

OBJECTIVE: BP 170/100 HR 67 RR 20 Temp 97.5 Wt 154.5 Peak Flow ___
Sat 98% RA

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities,; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

retake. 178/84

Prostate CA. Chart reviewed current UM submitted for repeat Biopsy. Bone Scan 8/04 ? (B)r.b lesions.

Needs Lipids rev'd, Review of chart shows consistent ↑ Systolic readings. Chronic dry cough? Will D/C ACE + ↑ CCB. States he did not receive Ted Hoss

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM				HTN/CARD				SZ				PUL				ID				GI				OTHER			
Degree of Control				Degree of Control				Degree of Control				Degree of Control				Degree of Control				Degree of Control				Degree of Control			
G	F	P		G	F	P		G	F	P		G	F	P		G	F	P		G	F	P		G	F	P	
Status				Status				Status				Status				Status				Status				Status			
I	S	W		I	S	W		I	S	W		I	S	W		I	S	W		I	S	W		I	S	W	

PLAN: Case will be brought to HSA+ MD for eval.

F/U: Routine 90 days: X

Other _____

D M Munn MD
Physician

Problem List updated: (Yes) No

(01/31/05)

INMATE NAME	NUMBER	AGE	RACE/SEX
McCray, Robert	167614	71	BM

PRISON HEALTH SERVICES

Name:_____
Inamte #:_____
DOB:_____Race:____Gender___

Nurse's Chronic Care Clinic

Date: 5/2/05 Time: 1103 AM Facility: Staton

Check all applicable CICs being evaluated: √Card/HTN __DM__GI__ID__PUL__SZ__TB √SN/CA

SUBJECTIVE:

~~For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit:__Dates:~~
See attached for monofilament check.
For asthma patients, list the # of asthma attack visits since the last CIC visit: ____Dates:_____
For seizure patients, list the # of witnessed seizures since the last CIC visits:____Dates:_____

ALLERGIES: NKA CURRENT DIET: Regular
DESCRIBE MED AND DIET ADHERANCE: Picked up med yr 4/05
DESCRIBE ANY MED SIDE EFFECTS: Denies any problems c meds
VACCINES: Flu____Pneumovax _____ Hep A _____ Hep B_____
For asthma pts, list the number of short-acting inhaler canisters refilled in the past month._____
(*This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c____ on_____: CD4 & HIV-RNA __/__ on_____:
Peak Flow___: LFTs___ on _____; Serum Drug Levels __on _____; EKG 1/5/04; CXR None
BMP 5 SUB/CR 11/15/04 CBC 4/1/05 UA Dip 1/19/05

MEDICATIONS:
Atenolol 50mg ÷ PO q day
Vasotec 10mg ÷ PO q day
Mevacor 20mg ÷ PO q day
Fiber-Lax 625mg BID
Carduzem CD 120mg ÷ PO q day
EC ASA 325mg ÷ PO q day
Celace 100mg ÷ PO q day
Flomax 0.4mg ÷ PO q day

Patient Educated on:
Taking ASA for your heart

Inmate Signature Robert McCray

Nurses Signature and Title [signature] RN

(01/31/05)	INMATE NAME	D.O.B.	AGE	RACE/SEX	ID #
	McCray, Robert	[redacted]	71	BM	167644

PHS
PRISON HEALTH SERVICES INC.

DEPARTMENT OF CORRECTIONS
PHYSICIAN'S
CHRONIC CARE CLINIC
SPECIAL NEEDS

needs Flomax reordered non formulary end of Jan 05

DATE	TIME		DATE ORDERED	TIME ORDERED	
7/05		S: 30 DAY CHRONIC CARE CLINIC			ALLERGIES: Catapres
		O: VS T 97.3 P 60 R 16 BP 150/70 WT 160			
		REVIEW OF NURSES CCC RECORD YES NO	PSA 8.4 7/04		
		NOTES	WM Rx Prazosin to 2mg BID to improve obst Sx		P: LABS
		Prostate CA Has had one Bone Scan c possible rib + spine Uptake. Has seen Dr. Bhute (urologist) + Dr. White (cancer center)			ORDERS:
		Awaiting F/U Bone Scan requested by Dr White. Repeat xrays requested by Dr White have been shot			MEDICATION: See CCC CVA HTN
		Pt has elected for radiation seed implant option			F/U CCC WITH NURSE EVERY _____ DAYS.
		WM schedule 1 week F/U MCU to monitor progress of studies + F/U's			F/U CCC WITH MD EVERY _____ DAYS.
		EDUCATION DONE (YES) NO Prognosis + Care plan			SIGNATURE:

INMATE NAME	D.O.B.	AGE	RACE/SEX	ID #
McEray, Robert	[redacted]	71	BM	167644

PHS
PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS
PHYSICIAN'S
CV/HTN CHRONIC CARE CLINIC

S: CHRONIC CARE CLINIC 1/7/05 DATE/TIME	**ALLERGIES** Catapress
O: VS T 97.3 P 62 R 16 159/74 BP 158/80 WT 160	
REVIEW OF NURSES CCC RECORD YES (circled) NO	
Carotid Bruits Y N (circled) RT LT Gallops Y N (circled) Murmurs Y N (circled) Describe	
Fundoscopic Exam: N/A BBS CTA	**P: LABS** WNL Y N
Peripheral pulses: S1 S2 ∅ R/M/G	
BMP 11/04 WNL	Fasting Chem profile yrly 8/04 UA yrly ?
	CXR q 2 yr if > 50 y/o 2/03 EKG q yr if > 50 y/o 4/04
TREATMENT GOALS: ↓ BP ↑ Cardiac	ORDERS:
	Plendil 2.5 → 4 QD
	Prazosin 1mg QD
NOTES: Not taking Isordil - will D/C	MEDICATION: Atenolol 50 QD
Will ↑ Prazosin to 2mg BID for	Vasotec 10mg QD
additional BP benefit + for obst	Cardizem CD 120 QD
voiding sx 2° to prostate	Isordil 10mg QD
	ASA 325 QD
See CCC	Mevacor 20 QD
SN Prostate	Fiberlax 625 QID
CA note	**STATUS:** (circle) IMPROVED, UNCHANGED, WORSENED.
Has ↑ L ext edema that	**CONTROL LEVEL:** (circle) GOOD, FAIR, POOR
has been ↑ lately 1+ Bilat	**CCC WITH NURSE** (circle) EVERY 1, 2, 3 MONTHS.
EDUCATION DONE YES (circled) NO TOPIC Diet/exercise Pitting edema Ted Hose	**CCC WITH MD** (circle) EVERY 1, 2, 3, 4, 5, 6 MONTHS.

INMATE NAME	NUMBER	AGE	RACE/SEX	SIGNATURE:
McCray, Robert	167644	71	B/M	[signature]

Control Good---BP < 140/90
Fair-----BP 140-160/90/100
Poor----BP > 160/100

Status: Improved---BP< previous visit
Unchanged—BP unchanged
Worsened----BP increased,

60519-AL

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

NURSE'S

CV/HTN CHRONIC CARE CLINIC

S: CHRONIC CARE CLINIC			**ALLERGIES**
DATE/TIME 1/7/04 1215 pm			Catapress
O: VS T 97.3 P 62 R 16 WT 160			HX a treadmill? Y N
BP 150/70 **IF BP > 140/90 REFER TO MD/NP/PA**			Date:
Do you smoke? retake 154/80	Y	N	HX bypass surgery: Y N
Use salt? Very Little	Y	N	Date:
Family History of CVHTN?	Y	N	
Obese?	Y	N	
Stress?	Y	N	
Blurred vision	Y	N	
Headache	Y	N	
Fatigue	Y	N	
Muscle weakness	Y	N	
Polyuria	Y	N	
Epistaxis	Y	N	P: LABS REVIEWED
S.O.B.	Y	N	Labs ordered
Compliant with meds	Y	N	Last CMP-14
KOP	Y	N	Last EKG
Counseled on risk factors	Y	N	
Describe: Age, Race, Gender, Family Hx			
Labs/EKG WNL NA	Y	N	
CXR if over 50			
Education Done	Y	N	
Topic: What are Heart Disease			
Recently admitted to hospital/infirmary	Y	N	**CURRENT MEDICATIONS:**
			~~Mr Crary, Robert~~
Notes:			Hibel Lasix 60 mg
c/o dizzy spells. NO chest			Cardizem CD 120
pain. O2 Sat 99-98%RA			Pro 20 mg IM
			Vasotec 10 mg
			Calcee 100 mg
			Nevacor 20 mg
			Atenolol 50 mg
			EC ASA 325 mg
			Tramax 0.4 mg
			Status: (circle)
			IMPROVED UNCHANGED WORSENED
			Level of Control: (circle)
			GOOD FAIR POOR
			CCC WITH NURSE (circle)
			1, 2, 3 Months
			CCC WITH MD (circle)
			1, 2, 3, 4, 5, 6 Months

INMATE NAME	NUMBER	AGE	RACE/SEX	SIGNATURE:
McCray, Robert	167644	71	B M	

Control: Good---BP < 140/90
Fair-----BP 140-160/90/100
Poor----BP > 160/100

Status: Improved---BP< previous visit
Unchanged—BP unchanged
Worsened----BP increased,

60520-AL

PHS
PRISON HEALTH SERVICES INC.

DEPARTMENT OF CORRECTIONS
NURSE'S
CHRONIC CARE CLINIC
SPECIAL NEEDS

DATE	TIME		DATE ORDERED	TIME ORDERED	
		S: 30 DAY CHRONIC CARE CLINIC			ALLERGIES
1/7/25	1215 pm				Catapres
		O: VS T 97.3 P 62 R 16			
		BP 130/74 WT 160			
		Prostate Cancer			
		Currently taking			
		Minipress +			
		Flomax.			P: LABS
		(1) Rectal Bleeding			
		(2) (-) Hematuria			
		(3) Frequency (+)			
		(4) (+) Dribbles			ORDERS:
		(5) NO pubic			
		or groin pain.			
		(6) Appetite			MEDICATION:
		very poor.			Flomax 0.4mg
		O2 Sat 99%			Prazosin 1mg
					F/U CCC WITH NURSE EVERY 180 DAYS.
					F/U CCC WITH MD EVERY ____ DAYS.
					SIGNATURE:

INMATE NAME	D.O.B.	AGE	RACE/SEX	ID #
McCray, Robert	[redacted]	71	BM	167641

Prison Health Services
Treatment Record

Treatment Ordered:

BP q wk x4

Date	Date	Date	Date	Date	Date	Date
8/17	8/24	8/31	9/7			
No Show						
BP						
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Comments:

DMcCart
1/24/04

Patient Name/Number	Allergies:	Housing Unit:
167644 McCray, Robert	Catapres	STATON

PRISON HEALTH SERVICES INC.

DEPARTMENT OF CORRECTIONS

NURSE'S

CHRONIC CARE CLINIC

SPECIAL NEEDS

DATE	TIME		DATE ORDERED	TIME ORDERED	
9/29/04	12W	S: 30 DAY CHRONIC CARE CLINIC			ALLERGIES NKA
		O: VS T 99 P 75 R 20 BP 124/82 WT 156			
		+ Fatigue			
		+ Constipation			
		+ Blurred Vision			
		+ Incomplete evacuation			P: LABS ↑ PSA
		+ Rectal bleeding			
		+ Urine stream thin			
		+ Poor appetite			ORDERS:
		+ Ulcers ? Ensure.			MEDICATION: Flomax 0.4 Atenolol 50 mg qd ASA 325 mg
		+ Back pain			
		+ Leg spasm			
		+ Numbness Both legs			F/U CCC WITH NURSE EVERY 90 DAYS.
		+ Urinary retention			F/U CCC WITH MD EVERY ____ DAYS.
		+ Fatigue			
					SIGNATURE:
		O2 Sat 97			

INMATE NAME	D.O.B.	AGE	RACE/SEX	ID #
McCray, Robert	1/7/44	71	B/M	167644

PHS
PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

NURSE'S

CV/HTN CHRONIC CARE CLINIC

S: CHRONIC CARE CLINIC

DATE/TIME 9/29/04 12N

O: VS T 99 P 73 R 20 WT 154

BP **IF BP > 140/90 REFER TO MD/NP/PA**

Do you smoke?	Y	N	
Use salt?	Y	N	
Family History of CVHTN?	Y	N	
Obese?	Y	N	
Stress?	Y	N	
Blurred vision	Y	N	
Headache	Y	N	
Fatigue	Y	N	
Muscle weakness	Y	N	
Polyuria	Y	N	
Epistaxis	Y	N	
S.O.B.	Y	N	
Compliant with meds	Y	N	
KOP	Y	N	
Counseled on risk factors	Y	N	
Describe: Diet, Family Hx, Race			
Labs/EKG WNL NA	Y	N	
CXR if over 50			
Education Done	Y	N	
Topic:			
Recently admitted to hospital/infirmary	Y	N	

ALLERGIES

NKA

HX a treadmill? Y (N)

Date:

HX bypass surgery: Y (N)

Date:

P: LABS REVIEWED

Labs ordered

Last CMP-14

Last EKG

CURRENT MEDICATIONS:

Flomax 0.4 qhs

Atenolol 50 qhs

ASA 325

Multiples

Notes:

C/o dyspepsia, NO chest pain.

Status: (circle)
IMPROVED UNCHANGED WORSENED

Level of Control: (circle)
GOOD FAIR POOR

CCC WITH NURSE (circle)
1, 2, (3) Months

CCC WITH MD (circle)
1, 2, 3, 4, 5, (6) Months

INMATE NAME	NUMBER	AGE	RACE/SEX	SIGNATURE:
McCray, Robert	164644	71	B/M	

Control: Good---BP < 140/90
Fair----BP 140-160/90/100
Poor---BP > 160/100

Status: Improved---BP< previous visit
Unchanged—BP unchanged
Worsened----BP increased,

PRISON HEALTH SERVICES INC.

DEPARTMENT OF CORRECTIONS

PHYSICIAN'S CHRONIC CARE CLINIC SPECIAL NEEDS

Prostate CA

DATE	TIME		DATE ORDERED	TIME ORDERED	
8/10/04	1255pm	S: 30 DAY CHRONIC CARE CLINIC			ALLERGIES
		O: VS T 98 P 84 R 20 BP 118/80 WT 155			
		REVIEW OF NURSES CCC RECORD YES NO			
		NOTES MRI shows increased uptake in (R)			P: LABS
8-31-04		ribs: sternum - questionable for mets L4 spine c possible degenerative dz but needs xRay to correlate			
					ORDERS:
	See orders				
		c/o back pain, constipation			
		urinary retention - Bone Scan requested. Will note results when completed			MEDICATION:
		Gleason Score 4/6			F/U CCC WITH NURSE EVERY _____ DAYS.
		Wants tx c Lupron for prostate implant - Will request Consult			F/U CCC WITH MD EVERY _____ DAYS.
					SIGNATURE:
		EDUCATION DONE YES NO			

INMATE NAME	D O B	AGE	RACE/SEX	ID #
McCray Robert	[redacted]	71	B/m	167644

PHS
PRISON HEALTH SERVICES INC.

DEPARTMENT OF CORRECTIONS

PHYSICIAN'S

CVHTN CHRONIC CARE CLINIC

S: CHRONIC CARE CLINIC

DATE /TIME 8/10/04 1255 pm

O: VS T 986 P 84 R 20

BP 118/80 WT 155 99%

REVIEW OF NURSES CCC RECORD

(YES) NO — @ Staton 6wks was @ Bibb

Carotid Bruits Y (N) RT LT

Gallops Y (N)

Murmurs Y (N)

Describe

Fundoscopic Exam:

Peripheral pulses:

EBBS clear

HR reg s̄ (m) S, S2 reg

TREATMENT GOALS:

NOTES:

Na - "little" cigs (-) never

Exercise walks "depends on how I feel"

ALLERGIES

Catapres

P: LABS

WNL Y N

Fasting Chem profile yrly
UA yrly
CXR q 2 yr if > 50 y/o
EKG q yr if > 50 y/o

ORDERS:

MEDICATION:

EC ASA, Flomax, Oscal
Fiber Lax
Atenolol 50mg
Vasotec 10mg
Prazosin 1mg
HCTZ 25mg
Neurocal 20mg

STATUS: (circle) IMPROVED, UNCHANGED, WORSENED.

CONTROL LEVEL: (circle) (GOOD), FAIR, POOR

CCC WITH NURSE (circle) EVERY 1, 2, (3) MONTHS.

CCC WITH MD (circle) EVERY 1, 2, 3, 4, 5, (6) MONTHS.

EDUCATION DONE (YES) NO — TOPIC

INMATE NAME	NUMBER	AGE	RACE/SEX	SIGNATURE:
McCray, Robert	167644	71	BM	[signature]

Control Good---BP < 140/90
Fair-----BP 140-160/90/100
Poor----BP > 160/100

Status: Improved---BP< previous visit
Unchanged—BP unchanged
Worsened----BP increased,

PHS
PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS
NURSE'S
CV/HTN CHRONIC CARE CLINIC

S: CHRONIC CARE CLINIC **DATE/TIME** 8/16/04 1255pm			**ALLERGIES** Catapress
O: VS T P R WT 155 BP **IF BP > 140/90 REFER TO MD/NP/PA**			HX a treadmill? Y (N) Date:
Do you smoke?	Y	(N)	HX bypass surgery: Y (N)
Use salt?	(Y)	N	Date:
Family History of CVHTN?	Y	N	
Obese?	Y	N	
Stress?	(Y)	N	
Blurred vision	Y	N	
Headache	Y	(N)	
Fatigue	(Y)	N	
Muscle weakness	(Y)	N	
Polyuria Prostate problem (CA?)	(Y)	N	
Epistaxis	Y	(N)	P: LABS REVIEWED
S.O.B.	Y	(N)	Labs ordered
Compliant with meds	(Y)	N	Last CMP-14
KOP	(Y)	N	Last EKG
Counseled on risk factors	(Y)	N	
Describe: Salt diet, Age, Sex, Race			
Labs/EKG WNL NA	Y	N	
CXR if over 50			
Education Done	(Y)	N	
Topic: HTN Info			
Recently admitted to hospital/infirmary	Y	N	**CURRENT MEDICATIONS:** Atenolol
Notes: Dizziness, lt.			tobs com
			Status: (circle) IMPROVED UNCHANGED WORSENED
			Level of Control: (circle) GOOD FAIR POOR
			CCC WITH NURSE (circle) 1, 2, 3 Months
			CCC WITH MD (circle) 1, 2, 3, 4, 5, 6 Months

INMATE NAME	NUMBER	AGE	RACE/SEX	SIGNATURE:
McCraw Robert	167644	71	BM	

Control Good---BP < 140/90
Fair-----BP 140-160/90/100
Poor----BP >160/100

Robert L McCraw

Status: Improved---BP< previous visit
Unchanged---BP unchanged
Worsened----BP increased,

60520-AL

PRISON HEALTH SERVICES INCORPORATED

BLOOD PRESSURE RECORD

INSTRUCTIONS: _____

PHYSICIAN: Mozier

Date	~~B.P.~~ lot	L Arm R	Initial
11/26/03	162	130/84 | 130/82	

Date	B.P.	Arm	Initial

NAME: McRae, Robert

LOCATION: Bibb

60103 (3/98)

INMATE FOOD SERVICE WORKER CLEARANCE

MEDICAL RECORD REVIEW:

Past history of hepatitis:	✓ Yes	___ No
TB test current:	___ Yes	___ No
TB test negative:	___ Yes	___ No

If history of positive TB test, verified completed treatment: _____ (Date)

PHYSICAL ASSESSMENT:

Open sores or rashes on hands, arms, face and neck:	___ Yes	___ No
Has diarrhea:	___ Yes	___ No
Has a cough:	___ Yes	___ No
Lungs clear to auscultation:	___ Yes	___ No
Signs and symptoms of other contagious diseases:	___ Yes	___ No

Specify: _____

This inmate's Medical Record has been reviewed and he/she has been examined:

____ He/she IS medically cleared for duty as a food service worker.
____ He/she IS NOT medically cleared for duty as a food service worker.

Signature _____ Date _____

Name: McCray Robt.
ID#/DOB: 167644 [redacted]
Location:

Chronic Care HTN Prob.
& Work R/t

HYPERTENSIVE AND CARDIAC CHRONIC CARE CLINIC			INTAKE AND CARE PLAN			
NAME:	AIS:	INST:	DOB:	AGE:	R/S:	YEAR:
McCray, Robert	167644	Bibb	[redacted]	62	BM	2001
	DATE		DATE			DATE
Urinalysis q 2 yrs.		EKG q 3 yrs.		Ace drug K+, BUN at 2 weeks		
Hct, Chol & FBS q 3 yrs.		BUN q 1 yr.			then 4 weeks	
CXR q 3 yrs.		Creat. if BUN abn.			then q 6 months	
DATE:	1-13-01	4/16/01	1-11-02			
SUBJECTIVE DATA: q 3 mo.						
1. Headache	Denies	denies	denies			
2. Dizziness	Denies	denies	denies			
3. Chest pain	Denies	denies	QD walks			
4. Exercise capacity	Walks QD	walk	Active			
5. Dyspnes/PND/Cough	Denies	denies	occ			
6. Smoking - Pks. per day	Denies	denies	denies			
7. Amaurosis (trans. blindness)	Denies	glasses	glasses.			
8. Dietary compliance (salt)	Uncomp	yes	moderate.			
9. Claudication	Yes		freq.			
10. Trans. focal weakness or speech change	Denies		denies			
11. Nocturia	3or4Xnight yes		3x			
12. Weakness	Occasional no		occ.			
NURSING EXAM: q 3 mo.	(L) (R)					
1. BP left & right arm	140/100 140/100	130/88 130/86	136/84			
2. Pulse, resp. rate, temp.	74 20 98.8	97.4	72 18 98			
3. Weight	162	166	164±			
4. Edema	+legs	⊖	4legs			
5. Pedal pulse	(+)Bilat	(+)	(+)Bilat.			
6. Dyspnea	None	⊖	NONE			
7. Lungs		Clear	Clear bilat.			
8. Heart		RR	RRR			
Tests						
1. K+ q 3 mo. if on diuretic	4.9 8/00		3/01 3.6			
2. BUN / Creatinine	12 8/00		12			
3. Urine protein, RBC, WBC						
4. Other lab. (top of page)			02 97%			
5. EKG	4/13/99		4/99			
6. Chest Xray	3/99		3/99.			
7. Cholestrol level	232 8/00		232			
8. Blood Sugar	103 8/00		3/01 - 118			
MEDICATIONS:						
ASA 1 PO QD	✓					
HCTZ 50mg PO QD	✓					
Minipress 2mg 1½ POBid	✓					
Medication compliance	100%		100%			
Date meds. reordered			1-5-02			
Education and counseling	Yes/Caffeine		Yes-MS.			
MD EXAM: q 6 mo.	DATE: 3/22/01			DATE:		
1. Fundus	Clear					
2. Heart	RR ✓ NE					
3. Lungs	CTA					
4. Pedal pulses DP/PT	Yes					
5. Edema	Yes					
6. JVD	Yes					

PATIENT EDUCATION FOR HYPERTENSION

NAME: McCraig Robert AIS#: 116644 INSTITUTION: BibB

PATIENT CAN DESCRIBE OR EXPLAIN:

	DATE:	1-13-01	4-16-01	1-11-02	
1.	Hypertension	✓	✓	✓	
2.	Cause of hypertension	✓	✓	✓	
3.	That hypertension is a lifetime condition that can be controlled but not cured	✓	✓	✓	
4.	Hypertension is often asymptomatic	✓	✓	✓	
5.	Complications of hypertension: CVA, MI, kidney failure	✓	✓	✓	
6.	Importance of keeping follow-up appointments for B/P checks	✓	✓	✓	
7.	Effect of smoking on blood pressure	✓	✓	✓	
8.	Effect of alcohol on blood pressure	✓	✓	✓	
9.	Effect of sodium on blood pressure	✓	✓	✓	
10.	Effect of obesity on blood pressure	✓	✓	✓	
11.	Effect of stress on blood pressure	✓	✓	✓	
12.	Effect of rest on blood pressure	✓	✓	✓	
13.	Effect of exercise on blood pressure	✓	✓	✓	
14.	High and low sodium foods and high potassium foods	✓	✓	✓	
15.	Avoidance of high sodium foods	✓	✓	✓	
16.	Own medications	✓	✓	✓	
17.	Importance of taking medication(s)	✓	✓	✓	
18.	Ways to remember to take medication(s)	✓	✓	✓	

Comments:

HYPERTENSION FLOW SHEET

NAME McCray Robert ID# 1167644

GUIDELINES: Blood Pressure and Pulse recorded for all encounters. Baseline OPTC, EKG, Weight, UA and PA Chest X-Ray. OPTC every 6 months. UA annually. Seen by staff every month x 3 then every 3 months. OPTC and PE annually.

PHYSICIAN SIGNATURE

DATE

1995 DATE	BASE	2/15										
B/P (Position/Site)	LA	142/88										
PULSE												
WEIGHT		148										
HISTORY UPDATE (See progress notes)												
NURSE'S INITIALS												
DATE MEDICATIONS REORDERED												
UA												
CXR												
EKG												
SERUM POTASSIUM												
HEALTH EDUCATION												
REFERRED TO PHYSICIAN												
MEDICAL ASSESSMENT												

Cardiovasc[illegible] / Hypertensive and Cardiac [illegible]nic Care Clinic

NAME	AIS	INST	DOB	AGE	R/S	YEAR
McCray, Robert	167644	WDCF			B/M	2000

Urinalysis q 2 yrs	Date	EKG q 3 yrs	Date	Ace drug K+ BUN @ 2 wks	Date
Hct. Chol & FBS q 3 yrs	Date	BUN q 1 yr	Date	@ 4 wks	Date
CXR q 3 yrs	Date	Creat. if BUN abn.	Date	@ 6 mth	Date
DATE	5/12/00	8/25/00			

SUBJECTIVE DATA: Q 3 MONTHS

1. Headache	neg	neg		
2. Dizziness	neg	neg		
3. Chest pain	muscle cramps	muscle cramps		
4. Exercise capacity	neg	neg		
5. Dyspnea / PND / Cough	neg	neg		
6. Smoking - Pks per day	neg	neg		
7. Amaurosis (trans. blindness)	neg	neg		
8. Dietary compliance (salt)	fair	fair		
9. Claudication	neg	neg		
10. Trans. focal weakness / speech change	neg	neg		
11. Nocturia	sometimes	sometimes		
12. Weakness	neg	neg		

NURSING EXAM: Q 3 MONTHS

1. BP left & right arm	138/92	148/93		
2. Pulse resp rate. temp	84, 18, 98.8	68, 18, 98		
3. Weight	162	159		
4. Edema	neg.	neg		
5. Pedal pulse	(A)2	(A)2		
6. Dyspnea	neg	neg		
7. Lungs	clear	clear		
8. Heart	WNL			

LAB TEST RESULTS (as ordered)

1. K+ q 3 mo if on diuretic		see		
2. BUN / Creatinine		4/19/99		
3. Urine protein RBC, WBC				
4. Other lab (top of page)		labs		
5. EKG				
6. Chest X-ray				
7. Cholestrol level				
8. Blood sugar				

MEDICATIONS

Minipress 6mg BID	✓	✓		
ASA qd	✓	✓		
HCTZ qd	✓	✓		
Medication compliance	98%	95%		
Date meds. reordered	yrly 5/4/00	5/4/00		

DOCTOR EXAM Q 6 MONTHS

Date	3/6/00	
1. Fundus	WNL	
2. Heart (M / G / Rhythm)		
3. Lungs	clear	
4. Pedal pulses DP/PT	WNL	
5. Edema	0	
6. JVD	0	
7. Liver	WNL	

C. Knuckles MA

CORRECTIONAL MEDICAL SERVICES
CHRONIC CARE CLINIC
NURSING INITIAL EVALUATION / UPDATE

NAME: McAuley, Robert AIS# 167644 DOB [redacted]

1. Problems by Diagnosis or Symptoms 1. HTN 2. _____ 3. _____ 4. _____

2. Differential diagnosis for symptoms by #: _____

3. Data supporting diagnosis by #: (1) Bp checks

4. Treatments: (by each therapy write the # of the problem it addresses)
(1) Low sodium diet (1) Possible use of medication to lower Bp (1) Walking exercise program

5. Diagnostic tests for problems: (1) Bp checks, (1) periodic eye exams

6. Treatments to be avoided in this patient: (1) no added salt (1) no alcohol (1) no smoking

7. Complications to be anticipated: (1) CVA, MI, kidney failure

8. General description of long-term goals for this patient: (1) Keep Bp under control

9. Follow-up plans and needs: (1) Monitor in CCC (1) Continue pt. education

G Cushenberry, Donaldson, 3/25/99
Clinic Nurse, Institution, Date

PATIENT EDUCATION FOR HYPERTENSION

NAME: McCray, Robert AIS#: 167644 INSTITUTION: Staton

PATIENT CAN DESCRIBE OR EXPLAIN:

	DATE:			
	3/25/99			
1. Hypertension	✓			
2. Cause of hypertension	✓			
3. That hypertension is a lifetime condition that can be controlled but not cured	✓			
4. Hypertension is often asymptomatic	✓			
5. Complications of hypertension: CVA, MI, kidney failure	✓			
6. Importance of keeping follow-up appointments for B/P checks	✓			
7. Effect of smoking on blood pressure	✓			
8. Effect of alcohol on blood pressure	✓			
9. Effect of sodium on blood pressure	✓			
10. Effect of obesity on blood pressure	✓			
11. Effect of stress on blood pressure	✓			
12. Effect of rest on blood pressure	✓			
13. Effect of exercise on blood pressure	✓			
14. High and low sodium foods and high potassium foods	✓			
15. Avoidance of high sodium foods	✓			
16. Own medications	✓			
17. Importance of taking medication(s)	✓			
18. Ways to remember to take medication(s)	✓			

Comments:

Cardio... ...ilar / Hypertensive and Ca... Chronic Care Clinic

NAME	AIS	INST	DOB	AGE	R/S	
MCCray, Robert	167644		[redacted]			
Urinalysis q 2 yrs	Date	EKG q 3 yrs	Date	Ace drug K+ BUN @ 2 wks		Date
Hct. Chol & FBS q 3 yrs	Date	BUN q 1 yr	Date	@ 4 wks		Date
CXR q 3 yrs	Date	Creat. if BUN abn.	Date	@ 6 mth		Date
DATE	3/25/99	6/17/99				

SUBJECTIVE DATA: Q 3 MONTHS

1. Headache	neg	neg		
2. Dizziness	neg	neg		
3. Chest pain	yes, atypical	neg		
4. Exercise capacity	walking	walk		
5. Dyspnea / PND / Cough	neg	neg		
6. Smoking - Pks per day	neg	6 cig daily		
7. Amaurosis (trans. blindness)	neg	neg		
8. Dietary compliance (salt)	good	neg		
9. Claudication	neg	neg		
10. Trans. focal weakness / speech change	neg	neg		
11. Nocturia	neg	neg		
12. Weakness	neg	neg		

NURSING EXAM: Q 3 MONTHS

1. BP left & right arm	130/86	130/80		
2. Pulse resp rate. temp		76, 18, 97.2		
3. Weight	165	156		
4. Edema	mild	neg		
5. Pedal pulse	2+2			
6. Dyspnea	neg	neg		
7. Lungs	clear			
8. Heart	WNL			

LAB TEST RESULTS (as ordered)

1. K+ q 3 mo if on diuretic				
2. BUN / Creatinine	[illegible]			
3. Urine protein RBC, WBC				
4. Other lab (top of page)		[illegible] 4/19/99		
5. EKG				
6. Chest X-ray				
7. Cholestrol level				
8. Blood sugar				

MEDICATIONS

Minipress III 2mg caps BID	✓	✓		
HCTZ 50 mg po qd	✓	✓		
ASA 325mg po qd	✓	✓		
Nitro SL PRN	✓	✓		
Medication compliance	good	good		
Date meds. reordered	3/9/99	6/7/99		

DOCTOR EXAM Q 6 MONTHS

Date	4/15/99	9/27/99
1. Fundus	MD [illegible]	MD
2. Heart (M / G / Rhythm)	MD [illegible]	MD
3. Lungs	nl	nl
4. Pedal pulses DP/PT	nl [illegible]	nl
5. Edema	trace	0
6. JVD		
7. Liver	nl	

MD [illegible], NP

QUESTCARE CLINIC
HYPERTENSIVE

NAME: McCray Robert AIS: 167644 ALLERGIES: NKA

	DATE		DATE		DATE
Urinalysis	*	CXR q 3 yrs	*	EKG q 3 yrs	*12/92
HCT, Chol, & FBS q 3 yrs	* 9/93	BUN q 1 yr	* 9/93		

DATE	7/25	8/94			
SUBJECTIVE DATA: *q 1 mo.					
1. Headache	—				
2. Dizziness	—				
3. Chest Pain	—				
4. Exercise Capacity	fair				
5. Smoking–Pks/Day	—				
6. Amaurosis (trans. blind)	—				
7. Dietary Compliance	fair				
8. Weight	147 1/2 lbs				
NURSING EXAM: *q 1 mo.					
1. BP Left Arm	130/82	118/84			
BP Right Arm	130/82	118/84			
2. Pulse					
3. Edema					
4. Pedal Pulse					
MD Exam: *q 1 mo.					
1. Fundus					
2. Heart					
3. Lungs					
4. Pedal Pulse					
5. Edema					
LAB & X-Ray					
1. K+ q 3 mo if on diuretic					
2. K+ & BUN q 1 mo 3X then q 6 mo if on ACE Inhibitor					
3. K+ q 1 yr if no diuretic/ACE					
4. Creat. only if BUN abnormal					
5. Other lab (*from top of page)					
MEDICATIONS					
1. Catapres 0.1 mgs	non-compliant	POOR COMP.			
2. Inderal 40 mgs	c 3AM	c 3AM			
3. Calan 120 mgs	pill call				
4.					
5.					

HYPERTENSIVE AND CARDIAC CHRONIC CARE CLINIC			INTAKE AND CARE PLAN			
NAME:	AIS:	INST:	DOB:	AGE:	R/S:	YEAR:
	DATE		DATE			DATE
Urinalysis q 2 yrs.	4/26/98	EKG q 3 yrs.	2/20/98	Ace drug K+, BUN at 2 weeks		
Hct, Chol & FBS q 3 yrs.	2/26/98	BUN q 1 yr.			then 4 weeks	
CXR q 3 yrs.	11/6/97	Creat. if BUN abn.			then q 6 months	
DATE:	2/25/98	3/26/98	5-14-98			
SUBJECTIVE DATA: q 3 mo.						
1. Headache	yes	yes	occ			
2. Dizziness	yes	yes	occ			
3. Chest pain	diffuse	yes				
4. Exercise capacity	none	none				
5. Dyspnea/PND/Cough	yes	yes				
6. Smoking - Pks. per day	yes	yes				
7. Amaurosis (trans. blindness)	—	—				
8. Dietary compliance (salt)	good	good				
9. Claudication	neg	neg				
10. Trans. focal weakness or speech change	—	—				
11. Nocturia	yes	yes				
12. Weakness	yes	yes				
NURSING EXAM: q 3 mo.						
1. BP left & right arm	136/88	142/88	158/90			
2. Pulse, resp. rate, temp.	96, 20, 98	96, 22, 98.4	84			
3. Weight	150	150.5				
4. Edema	neg	neg				
5. Pedal pulse	@ ↑↑	@ ↑↑				
6. Dyspnea	yes	yes				
7. Lungs	clear	clear				
8. Heart	NSR	NSR				
Tests						
1. K+ q 3 mo. if on diuretic	4.4					
2. BUN / Creatinine	12					
3. Urine protein, RBC, WBC	trace pro.					
4. Other lab. (top of page)	Chol 228					
5. EKG	—					
6. Chest Xray	neg					
7. Cholestrol level	228					
8. Blood Sugar	93					
MEDICATIONS:						
Micronase 10 mg cap BID	✓	✓				
ASA 1 po qd	✓	✓				
HCTZ 50 mg q	✓	✓				
NTG 1/150 SL prn	✓	✓				
Medication compliance						
Date meds. reordered						
Education and counseling	RE Smoking Cessation					
MD EXAM: q 6 mo.	DATE: 2-25-98			DATE:		
1. Fundus	Poorly See - WNL Bilat					
2. Heart	NSR - S1 S2					
3. Lungs	Clear - ↓ BS Diffusely					
4. Pedal pulses DP/PT	None					
5. Edema	None					
6. JVD	None					

PRISON HEALTH SERVICES INCORPORATED

Attachment E, IMPP 10-127
Effective 3-22-91

DEPARTMENT OF CORRECTIONS

REFUSAL TO SUBMIT TO TREATMENT

Date: 6/14/04 Time: 3^00 A.M. (P.M.)

I have been advised by Medical Staff PHS-BIBB

that it is necessary for me to undergo the following treatment:

CEC - CUNTN

(Describe Operation Or Treatment)

The effect and nature of this treatment have been explained to me.

Although my failure to follow the advice I have received may seriously imperil my life or health, I nevertheless refuse to submit to the recommended treatment. I assume the risks and consequences involved and release the above named Medical Personnel, the BIBB,

(Name of Facility)

and its agents and employees from any liability.

Inmate: NO SHOW Date:

Witness: [illegible] Date: 6/14/04

Witness: EOwen SN Date: 6-14-04

DOC # 010-127-004

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC
MCCRAY ROBERT	167644			BIBB

PRISON HEALTH SERVIC

Name: McCray, Robert
Inmate#: 167644
DOB: [redacted] Race: B Gender: M

Chronic Care FOLLOW-UP

Date: 4/1/04 Time: pm Facility: Bibb

Check all applicable CICs being evaluated: __ Card/HTN __DM __GI __ID __PUL __ SZ __Other

SUBJECTIVE:

For Diabetic patients, list the # of hypoglycemic reactions since the last CIC visit. __ Dates: _____
For Asthma patients, list the # of asthma attack visits since the CIC clinic visit. __ Dates: _____
For Seizure patients, list the # of witnessed seizures since the last CIC visit. __ Dates: _____

ALLERGIES: Catapres CURRENT DIET: _____
MEDICATIONS: Minipress 1mg bid/ NTG SL HCTZ 25mg bid, Lopid 600mg bid, Aspirin daily, Atenolol 50mg bid
DESCRIBE MED AND DIET ADHERANCE: compliant
DESCRIBE ANY MED SIDE EFFECTS: none

For asthma pts, list the number of short-acting inhaler canisters refilled in the past month. ___
(* This should equate to one inhaler per month.)

Ht 5'7"

OBJECTIVE: B/P 180/99 HR 61 RR 20 Temp 97.1 Wt 160 Peak flow ___

now smoker

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ complications
DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye ground, cardiopulmonary, abdomen, extremities; ID-all systems, PUL-HEENT. Cardiopulmonary, A/P ratio; SZ-HEENT, Neurological; GI-Abdomen

HEENT bm in NAD
Neck supple
Chest CTA/RRR s murmur
Abdomen ⊖
GU/Rectal ⊖
Extremities no edema
Skin NL
Neuro AAOX3, no deficit

71 yo bm c HTN since 1992 and adenoCA prostate (Feb03) c/o fatigue & nocturia, but states sleeps ok. constipation & no chest pain SOB/palpitations. "does not want prostate surgery, only seeding" Also, has left thigh waving

Lab/Diagnostic test(s) w/ date(s): HbA1c ___on_____; CD4 & HIV-RNA ___/__ on _____;
Peak Flow___; LFTs ___ on_____; Serum Drug Levels___on_____; EKG___; CXR_____;
Fundoscopic Exam___; BMP___; Other_____

needs dilated eye exam

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's visit.

Degree of Control: G=Good, F=Fair, P=Poor Status: I=Improved, S=Stable, W=Worsened

DM	THE / CARD	SZ	PUL	ID	GI	OTHER
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control
G F P	G F (P)	G F P	G F P	G F P	G F P	G F P
Status	Status	Status	Status	Status	Status	Status
I S W	I (S) W	I S W	I S W	I S W	I S W	I S W

PLAN: Follow-up in 4 weeks; 3 months for Chronic care
Medications: _____

Patient Educated on:
See urology / start Flomax, Add Isordil 10mg & Cardizem 180mg
send to urology / cont all BP meds
have yearly eye exam / Labs / EKG

Clinician's Signature and Title _____

DEPARTMENT OF CORRECTIONS

PHS

NURSE'S CHRONIC CARE CLINIC CV AND HYPERTENSION

DATE	TIME	CV and Hypertension	DATE ORDERED	TIME ORDERED	
2/17/04	7.00 pm	S: 30 DAY CHRONIC CARE CLINIC			ALLERGIES:
		O: VS: T- 98.1 P- 80 R- 20			NKDA
		Bp- 140/82 Wt- 162 lbs.			
		RISK FACTORS:			P: LABS REVIEW Last lab
		DO YOU SMOKE Y (N)			2/10/03
		USE SALT (Y) N			
		FAMILY HISTORY OF CV/HYPERTENSION Y (N)			ORDERS:
		OBESE Y (N)			
		STRESS Y (N)			
		RACE: Black			
		SYMPTOMS:			HAS PATIENT HAD A TREADMILL (Y) N
		HEADACHE Y (N)			DATE OF TREADMILL:
		BLURRED VISION Y (N)			HAS PATIENT HAD BYPASS SURGERY Y (N)
		MUSCLE WEAKNESS Y (N)			DATE OF BYPASS SURGERY:
		FATIGUE (Y) N			MEDICATIONS:
		EPISTAXIS Y (N)			Minipress BID
		S.O.B. Y (N) POLYURIA (Y) N			Atenolol q day
		NOCTURIA (Y) N			aspirin q day
		COMPLIANT WITH MEDS (Y) N			F/U CCC WITHIN 30 DAYS BY THE NURSE
		PATIENT COUNSELED ON RISK FACTORS (Y) N			F/U CCC WITHIN 90 DAYS BY THE DOCTOR
		LABS/EKG WNL NA Y N			
		CHEST XRAY IF OVER 50 (Y) N			
		EDUCATION DONE (Y) N			
		PATIENT ADMITTED TO INFIRMARY/HOSPITAL Y (N)			
		A:			

INMATE NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	AGE	RACE/SEX	ID#
McCray Robert	[redacted]	70	B/M	167644

PHS PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

NURSE'S CHRONIC CARE CLINIC CV AND HYPERTENSION

DATE	TIME	CV and Hypertension	DATE ORDERED	TIME ORDERED	
1/29/04	7:50 PM	S: 30 DAY CHRONIC CARE CLINIC			ALLERGIES: Catapres
		O: VS: T 98.2 P- 69 R- 20			
		Sat 97% Bp- 130/82 Wt- 162			
		RISK FACTORS:			P: LABS REVIEW CMP 1/9/03
		DO YOU SMOKE Y (N)			PSA 2/16/02
		USE SALT (Y) N			CBC 2/10/03
		FAMILY HISTORY OF CV/HYPERTENSION Y (N)			ORDERS:
		OBESE Y (N)			
		STRESS Y (N)			
		RACE: Black			
		SYMPTOMS:			HAS PATIENT HAD A TREADMILL Y (N)
		HEADACHE Y (N)			DATE OF TREADMILL:
		BLURRED VISION (Y) N 2x/month			HAS PATIENT HAD BYPASS SURGERY Y (N)
		MUSCLE WEAKNESS Y (N)			DATE OF BYPASS SURGERY:
		FATIGUE (Y) N			MEDICATIONS:
		EPISTAXIS Y (N)			Atenolol 50 mg i QD
		S.O.B. Y (N) POLYURIA (Y) N			Mavik i QD Bid
		NOCTURIA (Y) N			PSA i qd
		COMPLIANT WITH MEDS (Y) N			F/U CCC WITHIN 30 DAYS BY THE NURSE
		PATIENT COUNSELED ON RISK FACTORS (Y) N			F/U CCC WITHIN 90 DAYS BY THE DOCTOR
		LABS/EKG WNL NA Y N			
		CHEST XRAY IF OVER 50 (Y) N	2/10/03		
		EDUCATION DONE (Y) N			
		PATIENT ADMITTED TO INFIRMARY/HOSPITAL Y (N)			
		A: Attempt to Reschedule			

INMATE NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	AGE	RACE/SEX	ID#
McCray Robert	[redacted]	70	B/M	167644

PHS
PRISON HEALTH SERVICES, INC.

YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN)	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)		✓	Last weight at least 6 months ago
Persistent Cough		✓	
Chest Pain		✓	
Blood in Urine or Stool		✓	
Difficult Urination	✓		slow starting & urinate
Other Illnesses (Details)		✓	
Smoke, Dip or Chew		✓	
ALLERGIES	✓		Bactrim

5'7"

Weight 163 Temp 97.7 Pulse 60 Resp 20 Blood Pressure 173/96 error 140/80

If greater than > 140/90, repeat in 1hour.
Refer to M.D. if remains > 140/90.

Eye Exam: 20/40 OD 20/40 OS 20/40 OU
c glasses

II. TESTING – (LPN or RN)	RESULTS
~~Tuberculin Skin Test (q yr)~~ PPD given LFA	~~Date given~~ refused – dave 6/03/04 ~~Site~~ notified
	Read on Results mm
Past Positive TB Skin Test →	~~Survey Completed~~
(Chest x-ray if clinical symptoms)	Date Results
RPR (q 3 yrs)	Date Results
EKG (baseline at 35, over 45 q 3 yrs)	
Cholesterol (at 35 then q 5 yrs)	5/04
Tetanus/Diptheria (q 10 yrs) (if done today)	Last Given Due Site given Dose Lot #
Optometry Exam (@ 50 if not already seen)	
Mammogram (females @ 40, q 2 yrs/other M.D. order)	Date n/a Results

Matthew CRNP

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)

Heart	RRR S1, S2
Lungs	lungs clear bilat
Breast Exam	n/a
Rectal (yearly after 45)	Results
with Hemoccult	Results n/a
Pelvic and PAP (q 1 yr)	Date n/a Results

Facility Bibb Nurse Signature [signature] Date 6/3/04

M.D. or Mid-Level Signature [signature] Date

INMATE NAME	AIS#	D.O.B.	RACE/SEX
McCray, Robert	107644	[redacted]	B/m

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Carita E McCray (former wife)
Name Relationship

1104 C Wallace Circle
Street Address Phone Number

Marion South Carolina 29571
City State Zip Code

[signature] 6/3/04
Inmate Signature Doc# S.S.# Date

[signature] 6/3/04
Witness Date

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC.
McCray, Robert	167644	[redacted]	B/M	Bibb

PHS-MD-70003 (White – Medical Record, Yellow – Active File, Pink – Control Center)

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

KITCHEN CLEARANCE PHYSICAL ASSESMENT

	YES	NO
ANY OPEN SORES OR RASHES ON HANDS, ARMS, FACE & NECK	___	✓
TB TEST CURRENT	~~✓~~	✓
DOES PT. SHOW ANY OBVIOUS SIGNS OF ANY OTHER DISEASE	___	✓

OTHER: _____

THIS PATIENT HAS BEEN INFORMED OF THE NEED FOR THE FOLLOWING:

PROPER HANDWASHING, NOT TO HANDLE FOOD WHILE SICK, SEEK MEDICAL EVALUATION WHEN NECESSARY AND TO NOTIFY THE DIETARY SERVICES SHIFT SUPERVISOR OF ANY ILLNESS.

MEDICAL AUTHORITY: N Jackson DATE: 6/3/04

I attest that the above statement is true to the best of my knowledge.

PATIENT SIGNATURE: X DATE: refused

EXPIRATION DATE: 6/3/05

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC.
McCray, Robert	160644	[redacted]	B/M	

PHS-MD-70042 (White - Medical File, Yellow - Kitchen Supervisor, Pink - Classification Administrator (Inmate))

D. P. Bhuta, M.D., F.A.C.S.

DIPLOMATE AMERICAN BOARD OF UROLOGY

ADULT AND PEDIATRIC UROLOGY

345 ST LUKES DRIVE
MONTGOMERY, AL 36117

PHONE: (334) 279-5737
FAX: (334) 279-1048

September 30, 2002

Dr. McClain
Kilby Correctional Facility
12201 Wares Ferry Road
Montgomery, AL 36116

RE: Robert McCray
Age 70, sex M
Chart MCC 67560
SS# [redacted]

Mr. McCray was referred to us by Dr. McClain at Kilby Correctional Facility. He was referred to us because of PSA of 10.4. We saw him in 1998 and at that time he was having difficulty voiding with abnormal PSA. He had a PSA done in November 1997 and it was 6.1. In December of that year it was 9.3. In February of 1998 it was 5.3. His PSA was fluctuating at that time so nothing was done. He is still having nocturia 5x, frequency many times with a slow stream.

MEDICATION
Atenolol
Minipres
Cholesterol medication

ALLERGIES
none

On examination: abdomen normal, prostate normal, GU normal

PLAN
Start Flomax 0.4mg pohs- we gave him samples for two weeks
Biopsy of the prostate- procedure and risks were explained to him in detail. We told him the only way I can do the biopsy is when NafCare approves it. He understood.
Further treatment depends upon the response to Flomax and biopsy of the prostate gland.

Copy to Dr. McClain

Thank you for your referral,

D.P. Bhuta

DPB/amc

B/11

Robert McCray
Age 70, sex M
Chart MCC 67560
SS# [redacted]

Mr. McCray was referred to us by Dr. McClain at Kilby Correctional Facility. He was referred to us because of PSA of 10.4. We saw him in 1998 and at that time he was having difficulty voiding with abnormal PSA. He had a PSA done in November 1997 and it was 6.1. In December of that year it was 9.3. In February of 1998 it was 5.3. His PSA was fluctuating at that time so nothing was done. He is still having nocturia 5x, frequency many times with a slow stream.

MEDICATION
Atenolol
Minipres
Cholesterol medication

ALLERGIES
none

On examination: abdomen normal, prostate normal, GU normal

PLAN
Start Flomax 0.4mg pohs- we gave him samples for two weeks
Biopsy of the prostate- procedure and risks were explained to him in detail. We told him the only way I can do the biopsy is when it is approved by NafCare. He understood.
Further treatment depends upon the response to Flomax and biopsy of the prostate gland.

Copy to Dr. McClain

PATIENT NAME: Robert McCray
DATE: 01/14/03

Continued...Page 2

ABDOMEN: Soft with normal liver span. No masses. There is no inguinal adenopathy.
GENITALIA: Penis and testes appear normal.
RECTAL: Shows 35 gram prostate, left lobe greater than right lobe with increased thickening of left lobe. No rectal masses. No blood on examining gloved finger.
EXTREMITIES: Free of edema.

IMPRESSION: Patient is a 70-year-old black male with newly diagnosed adenocarcinoma of prostate with elevated PSA 9.3 ng/ml.

RECOMMENDATIONS/PLAN: I have recommended definitive management with radiation therapy plus hormonal deprivation with Lupron injections for a cumulative of one year. I have discussed rationale, risks, benefits, techniques, and results of radiation therapy. Patient states that he would like to think about these recommendations before he makes final treatment decision. We will have patient return next week to discuss his decision and to proceed on to CT directed simulation if he decides in favor of radiation therapy.

I appreciate this consultation and I will keep you apprised of patient's status as he progresses through treatment.

Best personal regards,

Tom

Thomas E. Beatrous, M.D.
Radiation Oncologist
Cancer Care Center of Montgomery

TEB/wm
D: 01/19/03
T: 01/20/03

CC: Dr. Mike Robbins
Dr. D. P. Bhuta

2/7/03 - PT. HAS DECIDED TO HAVE PROSTATE IMPLANT. WILL ARRANGE THIS AT UAB MEDICAL CENTER WITH DR. FIVEASH TEL# 205-975-0224 TEB

D. P. Bhuta, M.D., F.A.C.S.
DIPLOMATE AMERICAN BOARD OF UROLOGY
ADULT AND PEDIATRIC UROLOGY

345 ST LUKES DRIVE
MONTGOMERY AL 36117

PHONE: (334) 279-5737
FAX: (334) 279-1043

February 17, 2003

Dr. Mike Robbins

RE: Robert McCray
Chart 376
SS# [redacted]

Dear Dr. Robbins,

Mr. McCray is a 69 year-old gentleman with PSA of 9.3.

His entire metastatic workup was completely normal. His pathology report was adenocarcinoma of the prostate gland from the left lobe. He elected to have radiation therapy treatment but when he saw Dr. Beatrous, he decided that he might want to have surgery done.

He came back to us for further discussion. He was under the impression that I can take only the left part of the prostate out since only the left lobe of the prostate showed cancer. I have talked to him in detail and told him that it is impossible to take just one side of the prostate. I told him that if he undergoes surgery I would have to take the entire prostate out. Complications include impotency and urinary complications.

He elected to have radiation therapy treatment. Again, he should be started on Lupron injections of 7.5mg IM every month for a period of 3-4 months and then he can be referred to Dr. Beatrous for radiation therapy treatment. After this is completed he should continue hormone treatment. He should have PSA done once a year after completing both treatment regimens.

Again, I would like to stress that he elected to have radiation therapy treatment and that he should be started on Lupron as soon as possible.

Thank you,

D.P. Bhuta

DPB/amc

3 VOLS FILES

Cancer Care Center of Montgomery

Medical Oncologist/Hematologist
Phatama Padavanija, M.D.

Medical Oncologist/Hematologist
David G. Morrison, M.D.

Radiation Oncologist
Thomas E. Beatrous, M.D.

PATIENT NAME: Robert McCray
DATE: 01/14/03
CHART #: 15067

RADIATION THERAPY CONSULTATION

DIAGNOSIS: Adenocarcinoma of prostate with PSA 9.3 ng/ml.

HISTORY: I was asked to see patient regarding radiation therapy evaluation. Patient is a 70-year-old black male found on routine screening to have elevated PSA 9.3. Prostate biopsy showed Gleason score 6 adenocarcinoma from left lobe biopsies. Bone scan showed arthritic uptake at right knee, shoulders, elbows, feet, and sternomanubrial joint as well as uptake at L-5 vertebral body thought to represent arthritic change. Patient has undergone consultation regarding possible surgery. He has decided, however, to forego surgery and to take definitive treatment with radiation therapy plus Lupron injections. I have been asked to see patient regarding radiation therapy evaluation.

PAST MEDICAL HISTORY: Positive for history of hypertension. Negative for heart disease, diabetes, or collagen vascular disease. Previous surgeries: Repair of leg fractures in 1951 and on two separate occasions thereafter.

CURRENT MEDICATIONS: HCTZ 25 mg q. day, Lopid 600 mg b.i.d., Maalox 30 cc t.i.d. p.r.n., Hytrin q.h.s., Tenormin 50 mg q. day, aspirin 325 mg q. day.

ALLERGIES: Catapres.

SOCIAL HISTORY: Patient is divorced. He has worked as a teacher. He is presently an inmate at Kilby Correctional Facility. He denies chronic tobacco or alcohol use.

FAMILY HISTORY: Negative for cancer.

REVIEW OF SYSTEMS: Patient admits to frequent urination with nocturia times three. He denies painful urination, hematuria, diarrhea, or blood per rectum.

PHYSICAL EXAMINATION: Shows weight 160 pounds. Vital signs: See intake H&P data sheet.
GENERAL: Alert, oriented, black male in no distress.
HEENT: Extraocular muscles are intact. Oral cavity and oropharynx free of tongue and mucosal lesions.
NECK: Shows no venous distention, thyromegaly, or cervical/supraclavicular adenopathy.
RIB CAGE/SPINE: Nontender.
LUNGS: Clear with no signs of atelectasis, consolidation, or effusion.
HEART: Regular rate and rhythm. No diastolic murmurs.

Continued....

Appt Date 2-3-3 2:00PM

Auth #~~030129KG1102~~

NaphCare *(National Prison HealthCare)*
Hospital/Consultant Referral Form

Inmate Name: McCray, Robert AIS#: 167644 Date: 1-28-03

DOB [redacted] Race: B Sex: M Allergies: Catapres

History of working diagnosis (when first recognized, progression of symptoms, physical findings, lab results, current symptoms, current treatments): Prostate Cancer - was referred for radiation but refused - wanted to have surgery.

SERVICES REQUESTED/PROVIDER: Dr Bhata discuss Surgery option

L. Laurence RN HSA Signature (M.D.): [signature]

Pertinent Chronic Conditions/Diagnosis: See above

DOC Facility: Kilby Time Out:

Receiving Facility/Hospital: Dr Bhata Return Time:

Route of Transportation: (X) ___ Ambulance ___ DOC Van X Other: United

Date & Result/Last PPD: Date & Result/Last Chest X-Ray

OFFSITE HEALTHCARE REPORT: It decided for Radiation Please make sure he get dupleon

Orders/Recommendations: 7.5mg I-M Q 1 month x 4 month than Radiation than continue dupleon x 1 yr

Physician: Date: Time:

Notify (Facility): Kilby at: #334 215-6706 of patient's discharge.

Advanced Medical Directive: Yes ___ (Attached) No ___

Report called to: (Name/Title): Date:

Signature & Title Date:

D. P. Bhuta, M.D., F.A.C.S.
DIPLOMATE AMERICAN BOARD OF UROLOGY
ADULT AND PEDIATRIC UROLOGY

345 ST LUKES DRIVE
MONTGOMERY AL 36117
November 18, 2002

PHONE (334) 279-5737
FAX (334) 279-1048

Dr. McLain
Kilby Correctional Facility
3201 Wares Ferry Road
Montgomery, Al 36116

RE: Robert McCray
Chart 376
Age 69, sex M
11 4 02

Mr. McCray came to see us for further follow-up. He had a biopsy done and his pathology report was adenocarcinoma of the prostate gland with Gleason score of 6 (3+3). Biopsy was positive from the left lobe. He has no other urological complaints. He is having difficulty voiding and claims that Flomax did help.

We have talked with him in detail about treatment. He elected not to have surgery done. We talked to him about radiation therapy treatment and Lupron injections. He agreed to have this treatment done. We told him that radiation therapy might not cure the prostate cancer. He understood.

He will need a bone scan. Once the bone scan is complete, he should have hormone treatment with Lupron injections. He will also have radiation therapy treatment.

Will send a letter to Kilby Correctional Facility. They will do the bone scan and if it is negative they will proceed with radiation therapy treatment and Lupron injections. He also needs to continue taking Flomax- we gave him the samples.

Copy to Dr. McLain

Thank you for your referral,

D P Bhuta

DPB/amc

Robert McCray
Chart 376
Age 69, sex M
11/4/02

Mr. McCray came to see us for further followup. He had a biopsy done and his pathology report was adenocarcinoma of the prostate gland with Gleason score of 6 (3+3). Biopsy was positive from the left lobe. He has no other urological complaints. He is having difficulty voiding and claims that Flomax did help.

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Copy to Dr. McLain

NAPHCARE
Annual Health and TB Screening for Inmates

Facility Ryan

Date Given 4-28-03 Date Read 4-30-03

Site Given: OFF Size in M M 0 m

Lot# per healthdep. per healthdep.

Nurse _____ Nurse _____

Note: Past Positives and conversions, use Assessment of Tuberculin status for PPD reactors form *in addition to completing the bottom of this form.*

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Current Weight 164 Previous Weight 162 B/P 134/84

	circle
Recent chest pain	Yes or (No)
Kitchen clearance assess. done and attached	(Yes) or No
Productive cough	Yes or (No)
Any bleeding	Yes or No — periodically

Emergency contact Robert McCray Phone# 703-803-7288

Address _____

Philidelphia PA.

Inmate signature Robert A McCray Date 6/25/03

Witness signature Skinner Lpn Date 6-25-03

DOB [redacted] AGE 70 Race B SEX M SSN [redacted]

Inmate Name McCray, Robert AIS# 167644

Robert McC 7/2463

Kaphcare

Inmate Food Service Worker Clearance

edical Record Review:

Yes	No	Past history of hepatitis
Yes	No	TB test current
Yes	No	TB test negative

If history of positive TB test, verified completed treatment: _____ Date

ysical Assessment

Yes	No	Open sores or rashes on hands, arms, face and neck
Yes	No	Has diarrhea
Yes	No	Has a cough
Yes	No	Lungs clear to auscultation
Yes	No	Signs and symptoms of other contagious diseases

Specify: _____

inmate's Medical Record has been reviewed and he/she has been examined.

He/she ~~IS~~ IS NOT medically cleared for duty as a food service worker.

Skinner MD 6/25/03

gnature Date

ID # / DOB: Location:

HEALTH EDUCATION
FOOD SERVICE WORKER GUIDELINES

HAIRNETS

1. Put hairnet on before washing hands
2. Be sure to include all hair, especially bangs on the front of the head
3. Do not touch hair or hairnet when handling food

HANDWASHING

1. Turn warm water on.
2. Wet hands
3. Lather hands with soap. Scrub at least 30 seconds
4. Rinse off bar of soap. Replace in soap dish
5. Rinse hands
6. Dry hands with paper towels.
7. Turn faucet off with paper towels

SICKNESS

Tell kitchen officer if you feel ill, or if you have diarrhea or a rash.

I have received education on handwashing and personal hygiene, and I understand the need for both, especially when handling food on kitchen detail

refused to sign
Inmate Signature

Date

Skinner, RN
Nurse Signature

6/25/03
Date

LOOD PRESSURE FLOW SHEE

NAME McCray, Robert AIS# 167644

MONTH	DAY / YEAR	B/P RIGHT ARM	B/P LEFT ARM
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER	12/24/02	130/80	150/80

wt 160

TechCare

NaphCare [redacted]

Hypertension Chronic Care Appointment

5/14/2002

Name **MCCRAY,ROBERT**
DOC # **167644**
Birth Dat[redacted]

Appointment Date	**5/14/2002**

Subjective Data

Headache	denies
Syncope	denies
Chest Pain	denies
Exercise Capacity	walk qd
Dyspnea/PND/Cough	denies
Smoking (Packs Per Day)	denies
Amaurosis (Trans. Blindness)	denies
Dietary Compliance (Salt)	no
Claudication	denies
Trans.Focal Weakness	
Speech Change	denies
Nocturia	x3 qhs
Weakness	at times

Nursing Exam

Blood Pressure (L & R)	138/82
Pulse	82
Repiratory Rate	18
Temperature	98.8
Weight	163
Edema	none noted
Pedal Pulse	present
Dyspnea (At Rest/Exertion)	none noted
Lungs	clear
Heart	RRR
JVD	

Lab Test Results

K+ q3 (if on diuretic)
BUN / Creatinine
Urine Protein RBC, WBC
Other Lab
EKG
Chest X-ray
Cholesterol Level
Blood Sugar

Medications

Medication Compliance	100
Date Medication Reordered	4 29 02

Doctor Exam

Fundus
Heart (M/G/Rhythm)
Lungs
Pedal Pulses DP/PT
Edema
JVD
Liver

PSYCHOLOGICAL INTERVIEW / DATA ENTRY FORM

Name: McCray, Robert AIS# 167644 R/S BM

Date: 10 / 14 / 92 DOB 3 / 10 / 33 AGE 59

Beta II 85 WAIS / / WRAT-RL 11.8 Last School Grade Completed 10

MMPI Welsh Code ____ Megargee Type ____

I. General Appearance

____ a. Neat and generally appropriate

____ b. Poorly groomed

____ c. Flat or avoiding interaction

____ d. Sad or worried

____ e. Other

I. Interpersonal Functioning

____ a. Normal-good relationships likely

____ b. Withdrawn / apparent loner

X c. Likely to ignore rights / needs

____ d. Lacks skill or confidence

____ e. Probably difficult to get along with

*Other (Specify) ____ 1. ____ 2. ____ 3. ____ 4. ____ 5. ____ 6. (See Copy)

II. Personality

____ a. Healthy

X b. Antisocial

X

____ c. Paranoid

____ d. Explosive

____ e. Dependent

____ f. Passive-Aggressive

Other (Specify): ____ 1. Schizoid ____ 2. Schizotypal ____ 3. Histrionic ____ 4. Narcissistic ____ 5. Borderline ____ 6. Avoidant ____ 7. Compulsive ____ 8. Atypical/mixed ____ 9. See Copy (Write in your wording)

III. Substance Abuse

____ a. Alcohol addiction / abuse history No indication of problems

____ b. Drug addiction / abuse history No indication of problems

Date Entered Terminal 10/15 By

N-259

White to Central Records File
Yellow to Institutional File
Pink to Hospital Records

*See manual for selections and numbers for "other"

Psychological Interview / Data Entry Form
Page Two

c. Current use

d. Current addiction

*Other 1. 2. 3. 4. 5. 6. 7. 8.
9. (See Copy)

IV. Emotional Status

a. No significant problems
b. Depressed
c. Anxious or stressful
d. Angry or resentful
e. Confusion or psychotic symptoms
f. Mood disturbances
g. Sexual maladjustment
X h. Paranoid ideation Extremely suspicious; spoke of all of his present & prior offenses (of which there are many) as the result of others' resolve to get him, or the "political situation"
i. Sleep / appetite disorder

*Other 1. 2. 3. 4. 5. X 6. 7. 8.
9. (See Copy)

V. Mental Deficiency

a. Mild
b. Moderate
c. Severe
d. Borderline
e. Organic impairment suspected
f. Memory deficit

Remarks:

*See manual for selections and numbers for "*other"

Psychological Interview / Data Entry Form
Page Three

VI. Management Problems

____a. Suicide potential — Ideation _____
Plans _____
History of attempts / gestures _____

____b. Serious mental history (specify) _____

____c. Impulsive / acting-out behaviors predicted _____

____d. Authority conflict _____

__X__e. Manipulative / untrustworthy Severe denial and defense mechanism system

____f. Easily victimized _____

____g. Escape potential _____

____h. Assaultiveness _____

*Other _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. (See Copy)

VII. Educational Needs

____a. ABE ____b. Special Education ____c. Trade School ____d. Jr. College

VIII. Mental Health Needs

Date referred Month _____ Year _____

____A. Refer to psychiatric service ____C. Depression ____K. Personal Development
____B. Substance abuse counseling ____E. Sexual adjustment
____D. Stress management ____G. Anger induced acting out
____F. Reality therapy ____I. Self-concept enhancement
____H. Values clarification ____J. Healthy use of leisure

RECOMMENDATIONS / REMARKS: Med (sex, violence)/St. Clair or Donaldson
At least average intelligence, with apparently good academic skills. Severe character disorder, with sexual acting out for the past 35 years. Severe underlying hostility and contempt for others, especially women. Severe denial system, with aggressive attempt to use the law to excuse him from the duty of serving his time. Very poor candidate for sex offender treatment. Severe risk to society--let's make sure he stays locked up the rest of his life.

_____ Signature

10/14/92
Date

*See manual (pages 23-25) for selections for "other" Give number and wording of selection

ID=0167644 DATE=199210 SEX = M MCCRAY, ROBERT IN = 17

	L	F	K	HS	D	HY	PD	MF	PA	PT	SC	MA	SI
RAW:	9	5	21	16	22	23	24	29	12	25	30	19	31
T:	67	55	66	62	63	62	62	67	62	54	65	56	56

WELSH CODE: * '5821346-907/:=

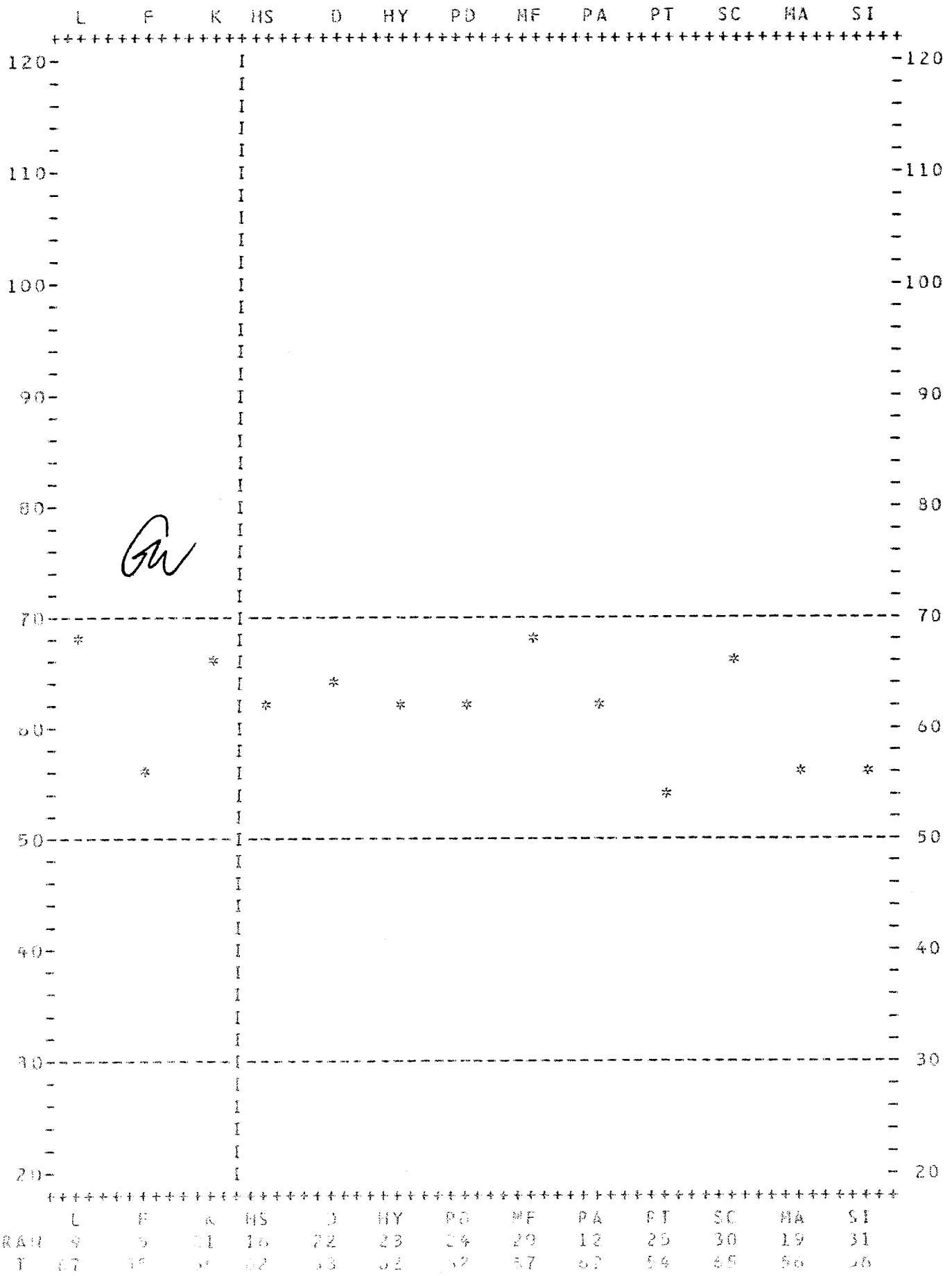
I IS THE BEST GROUP, LEVEL IS LOW

GROUP= I LEVEL= LOW TYPE= (01)

THIS IS THE BEST ADJUSTED OF ALL THE INMATE GROUPS WITH FEWEST PROBLEMS IN INSTITUTIONAL ADJUSTMENT AND INTERPERSONAL RELATIONSHIPS WITH BOTH PEERS AND AUTHORITIES. CRIMINAL RECORDS ARE USUALLY LESS SERIOUS THAN THOSE OF OTHER INMATE GRUPS AND THERE IS LESS SIGNIFICANT DRUG ABUSE. MORE OF THESE INMATES HAVE USUALLY BEEN INCARCERATED FOR PROPERTY CRIMES. THEY ARE LEAST LIKELY TO RECEIVE DISCIPLINARY WRITE-UPS AND RECIDIVISM RATES ARE TYPICALLY LOW. THERE IS, HOWEVER, HIGH ENERGY LEVL AND THEY ARE APT TO BE IMPULSIVE.
TREATMENT APPROACHES SHOULD SHOULD BE DESIGNED TO TAKE ADVANTAGE OF THE FACT THAT THEY ARE THE MOST LIKELY GROUP TO SUCCEED IN COMMUNITY PLACEMENT OR RESTITUTION CENTER TYPE PLACEMENT WHERE SENTENCING DATA PERMIT. THEY RESPOND WELL TO EDUCATIONAL AND VOCATIONAL TRAINING PROGRAMS AIMED AT DEVELOPING LEGITIMATE AVENUES OF FINANCIAL SUPPORT. ALTHOUGH THERAPEUTIC INTERVENTION IS NOT USUALLY A HIGH PRIORITY, REALITY THERAPY CAN BE EFFECTIVE.

00167644 MALE AGE 59 FOR 19921014 MCCRAY, ROBERT INST = 17

M M P I P R O F I L E



	L	F	K	HS	D	HY	PD	MF	PA	PT	SC	MA	SI
RAW	9	5	21	16	22	23	24	29	12	25	30	19	31
T	67	78	54	62	63	62	62	67	62	54	65	56	56

00167644 MALE AGE 59 F[illegible] D 19921014 MCCRAY, ROBE[illegible] INST = 17

P R O F I L E I N T E R P R E T A T I O N

THE FOLLOWING MMPI INTERPRETATION SHOULD BE VIEWED AS A SERIES OF HYPOTHESES WHICH MAY REQUIRE FURTHER INVESTIGATION. THIS REPORT IS CONFIDENTIAL AND SHOULD NOT BE SHARED WITH THE PATIENT.

THIS IS A VALID PROFILE. THIS PATIENT RESPONDED TO THE TEST ITEMS IN A DEFENSIVE FASHION. SIMILAR INDIVIDUALS TEND TO PRESENT THEMSELVES IN A GOOD LIGHT AND MINIMIZE OR OVERLOOK SOCIALLY ACCEPTABLE LIMITATIONS. THOUGH THIS CONFIGURATION SUGGESTS GOOD SOCIAL SKILLS AND EGO FUNCTIONING, ESPECIALLY IN WELL-EDUCATED INDIVIDUALS, IT IS LIKELY TO BE PREDICTIVE OF RESISTANCE TO TREATMENT FOR THOSE INDIVIDUALS WHO ARE REFERRED OR ONLY SEMI-VOLUNTARILY REQUEST TREATMENT.

THE 'V' CONFIGURATION ADDS SUPPORT TO THESE STATEMENTS AND FURTHER SUGGESTS MARKED EVASIVENESS. LOOK FOR PRONOUNCED USE OF REPRESSION AND DENIAL. A NEUROTIC PICTURE IS LIKELY. GENERALIZED LACK OF FLEXIBILITY, POOR INSIGHT, AND OVER-EVALUATION OF MORAL WORTH MAY BE PRESENT.

THIS PROFILE IS ESSENTIALLY WITHIN NORMAL LIMITS. THERE ARE, HOWEVER, CERTAIN SCALE ELEVATIONS WHICH SUGGEST PERSONALITY CHARACTERISTICS WHICH MAY BE OF CLINICAL INTEREST.

SIMILAR INDIVIDUALS TEND TO STRESS ABSTRACT INTERESTS TO THE NEGLECT OF INVOLVEMENT WITH PEOPLE AND PRACTICAL MATTERS. THERE MAY BE SOME QUALITIES IN THIS PATIENTS THINKING WHICH REPRESENT AN ORIGINAL OR UNCONVENTIONAL ORIENTATION OR SCHIZOID TENDENCIES. FURTHER EVALUATION WILL BE NECESSARY TO MAKE THIS DIFFERENTIATION.

SUCH INDIVIDUALS ARE OFTEN MILDLY DEPRESSED, PESSIMISTIC AND WORRIED. THEY OFTEN FEEL DISCOURAGED AND MAY HAVE DIFFICULTY ORGANIZING OR IMPLEMENTING NEW ACTIVITIES.

SIMILAR INDIVIDUALS ARE OFTEN DESCRIBED AS SOMEWHAT OVER-SENSITIVE AND RIGID. THEY OFTEN FEEL PRESSED BY SOCIAL AND VOCATIONAL ASPECTS OF THEIR LIFE SPACE. SUSPICIOUSNESS, DISTRUST, BROODING AND RESENTMENT MAY BE CHARACTERISTIC. INDIRECT EXPRESSION OF HOSTILITY IS LIKELY.

HIS INTEREST PATTERNS ARE SOMEWHAT DIFFERENT FROM THOSE OF THE AVERAGE MALE AND MAY REFLECT A PASSIVE, NON-COMPETITIVE PERSONALITY. THOSE WHO HAVE OBTAINED MORE THAN A HIGH SCHOOL EDUCATION MAY HAVE ESTHETIC INTERESTS AND MAY BE SEEN BY OTHERS AS SENSITIVE AND SOCIALLY PERCEPTIVE.

00167644 MALE AGE 59 FORM J 19921014 MCCRAY, ROBERT INST = 17

B A S I C A N D S U P P L E M E N T A L S C A L E S

	VU	L	F	K	HS	D	HY	PD	MF	PA	PT	SC	MA	SI
R	1	0	5	21	16	22	23	24	29	12	25	30	19	31
T	50	67	55	66	62	63	62	62	67	62	54	65	56	56

	D-O	D-S	HY-O	HY-S	PD-O	PD-S	PA-O	PA-S	MA-O	MA-S
R	7	15	3	20	5	11	3	9	3	12
T	48	67	46	66	48	58	52	63	40	60

	A	R	ES	DY	CA	LB	OH	HE	AL	CR	PZ	DR	SM	AR
R	3	25	46	8	9	10	18	20	22	55	32	23	26	25
T	38	70	53	37	49	53	70	42	48	60	58	50	61	47

	D1	D2	D3	D4	D5	HY1	HY2	HY3	HY4	HY5	PD1	PD2	PD3	PD4A
R	7	6	4	5	0	4	10	2	2	3	1	5	9	5
T	50	54	56	66	38	53	71	49	47	53	45	55	55	49

	PD4B	PA1	PA2	PA3	SC1A	SC1B	SC2A	SC2B	SC2C	SC3	MA1	MA2	MA3	MA4
R	3	2	1	6	3	2	1	2	0	1	1	2	6	2
T	47	50	42	61	48	48	47	50	40	44	45	38	65	46

	SOC	DEP	FEM	MOR	REL	AUT	PSY	ORG	FAM	MOS	PHO	HYP	HEA
R	12	5	13	1	11	4	5	7	1	2	5	4	5
T	57	46	61	36	65	36	45	54	38	35	48	32	50

F-K = -16 AI = 55 IR = 0.99

00167544 MALE AGE 59 FILE B 19921014 MCCRAY, ROBE INST = 17

C R I T I C A L I T E M S

THESE ITEMS WERE ANSWERED IN THE INDICATED DIRECTION. THOUGH TOO MUCH SIGNIFICANCE SHOULD NOT BE PLACED ON ANY INDIVIDUAL TEST RESPONSE, THESE RESPONSES MAY SUGGEST AREAS FOR FURTHER INVESTIGATION.

--- DISTRESS AND DEPRESSION ---

I AM EASILY AWAKENED BY NOISE. (T)
MY MEMORY SEEMS TO BE ALL RIGHT. (F)

--- SEXUAL DIFFICULTIES ---

MY SEX LIFE IS SATISFACTORY. (F)
I HAVE NEVER BEEN IN TROUBLE BECAUSE OF MY SEX BEHAVIOR. (F)

--- AUTHORITY PROBLEMS ---

I HAVE NEVER BEEN IN TROUBLE WITH THE LAW. (F)

--- SOMATIC CONCERNS ---

I AM ABOUT AS ABLE TO WORK AS I EVER WAS. (F)
I AM ALMOST NEVER BOTHERED BY PAINS OVER THE HEART OR IN MY CHEST. (F)

00167044 MALE AGE 59 FOR B 19921014 MCCRAY, ROBER INST = 17

ITEM RESPONSES

1 F	2 T	3 T	4 T	5 T	6 F	7 T	8 T	9 F	10 F
11 F	12 F	13	14 F	15 F	16 F	17 T	18 T	19 F	20 T
21 F	22 F	23 F	24 F	25 F	26 T	27 F	28 F	29 F	30 T
31 F	32 F	33 F	34 F	35 F	36 T	37 T	38 F	39 F	40 F
41 F	42 F	43 F	44 F	45 T	46 F	47 F	48 F	49 F	50 F
51 T	52 F	53 T	54 F	55 F	56 F	57 T	58 T	59 F	60 T
61 T	62 F	63 T	64 T	65 T	66 F	67 F	68 T	69 F	70 F
71 T	72 F	73 T	74 F	75 T	76 F	77 T	78 T	79 T	80 F
81 F	82 F	83 T	84 F	85 F	86 F	87 F	88 T	89 F	90 F
91 F	92 F	93 F	94 F	95 T	96 T	97 F	98 T	99 F	100 F
101 F	102 T	103 T	104 F	105 F	106 F	107 T	108 F	109 F	110 F
111 T	112 F	113 T	114 F	115 T	116 F	117 F	118 F	119 T	120 F
121 F	122 T	123 F	124 F	125 F	126 T	127 T	128 T	129 F	130 T
131 T	132 F	133 T	134 T	135 F	136 F	137 T	138 F	139 F	140 T
141 F	142 F	143 F	144 F	145 F	146 F	147 T	148 F	149 F	150 T
151 F	152 T	153 T	154 T	155 F	156 F	157 F	158 F	159 F	160 F
161 F	162 F	163 T	164 T	165 F	166 F	167 T	168 F	169 T	170 T
171 T	172 F	173 T	174 T	175 T	176 T	177 T	178 F	179 F	180 T
181 F	182 F	183 F	184 F	185 T	186 F	187 T	188 T	189 F	190 T
191 F	192 T	193 T	194 F	195 T	196 T	197 F	198 T	199 T	200 F
201 F	202 F	203 F	204 T	205 F	206 T	207 F	208 F	209 F	210 F
211 F	212 F	213 F	214 T	215 F	216 F	217 F	218 F	219 T	220 T
221 T	222 T	223 F	224 F	225 F	226 F	227 F	228 T	229 F	230 T
231 F	232 F	233 F	234 F	235 T	236 F	237 T	238 F	239 F	240 T
241 F	242 T	243 T	244 F	245 F	246 F	247 F	248 F	249 T	250 F
251 F	252 F	253 T	254 F	255 F	256 F	257 T	258 T	259 F	260 F
261 F	262 T	263 F	264 T	265 F	266 F	267 F	268 F	269 F	270 T
271 F	272 F	273 F	274 F	275 F	276 T	277 F	278 F	279 F	280 F
281 F	282 T	283 F	284 T	285 F	286 F	287 F	288 F	289 F	290 T
291 F	292 T	293 F	294 F	295 F	296 T	297 F	298 F	299 F	300 F
301 T	302 F	303 F	304 F	305 F	306 F	307 F	308 F	309 F	310 F
311 F	312 F	313 T	314 F	315 F	316 F	317 F	318 T	319 F	320 F
321 F	322 F	323 F	324 F	325 F	326 F	327 F	328 F	329 F	330 T
331 F	332 F	333 F	334 F	335 F	336 F	337 F	338 F	339 F	340 F
341 F	342 F	343 F	344 F	345 F	346 F	347 T	348 T	349 F	350 F
351 F	352 F	353 T	354 F	355 F	356 F	357 F	358 F	359 F	360 F
361 F	362 F	363 F	364 F	365 F	366 F	367 T	368 F	369 T	370 T
371 F	372 F	373 F	374 T	375 F	376 T	377 F	378 T	379 T	380 F
381 F	382 F	383 F	384 F	385 F	386 F	387 F	388 F	389 F	390 F
391 F	392 F	393 F	394 F	395 F	396 F	397 F	398 F	399 F	400 F
401 F	402 F	403 T	404 F	405 T	406 F	407 F	408 F	409 F	410 F
411 F	412 T	413 F	414 F	415 F	416 F	417 F	418 F	419 F	420 T
421 F	422 F	423 F	424 F	425 T	426 F	427 F	428 T	429 T	430 T
431 F	432 T	433 F	434 F	435 F	436 T	437 F	438 F	439 F	440 T
441 T	442 F	443 F	444 T	445 F	446 F	447 F	448 F	449 T	450 F
451 F	452 F	453 T	454 F	455 T	456 F	457 T	458 F	459 F	460 T
461 F	462 F	463 T	464 T	465 F	466 T	467 F	468 F	469 F	470 F
471 F	472 F	473 F	474 T	475 T	476 F	477 T	478 T	479 T	480 F
481 F	482 T	483 T	484 F	485 F	486 F	487 F	488 T	489 T	490 T
491 F	492 T	493 T	494 F	495 F	496 T	497 T	498 F	499 F	500 F
501 T	502 T	503 F	504 F	505 F	506 F	507 F	508 T	509 F	510 F
511 F	512 F	513 T	514 F	515 F	516 F	517 T	518 F	519 F	520 T
521 F	522 T	523 F	524 T	525 T	526 F	527 F	528 F	529 T	530 T
531 T	532 T	533 T	534 T	535 F	536 T	537 T	538 F	539 F	540 F
541 T	542 F	543 F	544 F	545 F	546 F	547 T	548 T	549 F	550 T
551 F	552 T	553 F	554 T	555 F	556 T	557 F	558 T	559 F	560 T
561 F	562 T	563 T	564 F	565 F	566 T				

Prison Health Services

REFUSAL OF TREATMENT FORM

Institution: Bibb

Resident's Name: McCray, Robert ID# 167644

D.O.B. [redacted]

I, _____ have, this day, knowing that I have a condition
(Name of Inmate)

requiring medical care as indicated below:

___ A. Refused medication.
___ B. Refused dental care.
___ C. Refused an outside medical appointment.
___ D. Refused laboratory services.
___ E. Refused X-Ray services.
___ F. Refused other diagnostic tests.
___ G. Refused physical examination.
✓ H. Other (Please specify)

refused to sign kitchen clearance
refused to sign refusal of treatment for

Reason For Refusal + refused PPD

last documented PPD 4/03 - states he rec'd
last winter and will not repeat PPD

Potential Consequences Explained

explained I would have to notify
shift commander +/or nursing admin.

I acknowledge that I have been fully informed of and understand the above treatment recommendations and the risks involved in refusing them. I hereby release and agree to hold harmless the state, statutory authority, all correctional personnel, medical/health personnel from all responsibility and any ill effects which may result from this refusal and I shall personally assume responsibility for my welfare. notified

I have read this form and certify that I understand its contents. Sgt Berry

Witness Signature

Witness Signature

Date

Patient Signature

Time

PPD given 6/3/04 CMW

NOTE: A refusal by the resident to sign requires the signatures of at least one witness in addition to that of the medical staff member.

PHS MD-70108

HEPATITIS B VACCINE PROGRAM

Declination Form

I hereby decline participation in the ADOC Hepatitis B Vaccine Program. I was made aware of the possible health issues pertaining to Hepatitis B.

Robert L. McCray	167644	11-17-05
Inmate Name	AIS#	Date

State reason for declining:

I HAVE NEVER PARTICIPATED IN ANY RISK BEHAVIOR ALREADY DAILY HEAVILY MEDICATED DIRECT CONTACT EXPERIENCE WITH P.H.S. PERSONNEL HAS TAUGHT ME THAT TIMELY ACCESS TO TREATMENT FOR REACTIONS TO DRUG TREATMENT (SERIOUS REACTIONS) MET BY SIGN UP FOR SICK CALL AND MARK INDIFFERENCE . . .

SINCERELY

RLM

Prison Health Services

REFUSAL OF TREATMENT FORM

Institution: Staton

Resident's Name: McCray, Robert ID# 167644

D.O.B. [redacted]

I, Robert McCray (Name of Inmate) have, this day, knowing that I have a condition requiring medical care as indicated below:

___	A. Refused medication.	___	E. Refused X-Ray services.
___	B. Refused dental care.	___	F. Refused other diagnostic tests.
___	C. Refused an outside medical appointment.	X	G. Refused physical examination.
___	D. Refused laboratory services.	___	H. Other (Please specify)

Refused ~~dital~~ digital rectal exam

Reason For Refusal Had it done in Dec 05

Potential Consequences Explained Early detection of prostate/colon CA

I acknowledge that I have been fully informed of and understand the above treatment recommendations and the risks involved in refusing them. I hereby release and agree to hold harmless the state, statutory authority, all correctional personnel, medical/health personnel from all responsibility and any ill effects which may result from this refusal and I shall personally assume responsibility for my welfare.

I have read this form and certify that I understand its contents.

Witness Signature

Witness Signature

1/12/06
Date

Patient Signature

938
Time

NOTE: A refusal by the resident to sign requires the signatures of at least one witness in addition to that of the medical staff member.

Robert McCrary - Staton

Officer requests maybe he be issued a profile to use the bathroom whenever necessary Other inmates are complaining that he voids in cups in the dorm -

Pt has appt this AM -

Dr P is to see him.

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 11-24-05

To: Staton

From: SHCU

Inmate Name: McCray, Robert **ID#:** 167644

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

May use the bathroom Whenever necessary x 60 days

Date: 11/24/05 **MD Signature:** L Johnson MD / D Pasant **Time:** 7am

PRISON HEALTH SERVICES, INCORPORATED

DEPARTMENT OF CORRECTIONS

RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

I, Robert McCray (Print Name) (Doc#) 160764

acknowledge receipt of the following medical equipment or appliance:

( ) Splint
( ) Eyeglasses
( ) Dentures
( ) Prothesis describe
( ) Wheelchair
( ) Cane
( ) Crutches
(X) Other describe Anti-Embolism stockings

I acknowledge that the equipment/appliance is functional for my use.

I also acknowledge the equipment/appliance is in good working condition.

X Robert McCray (Inmate) 8/18/05 (Date)

(Witness) 8/18/05 (Date)

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	F
McCray, Robert	160764	[redacted]	BM	

Prison Health Services

REFUSAL OF TREATMENT FORM

Institution: Staton

Resident's Name: Robert McCrey ID# 167644

D.O.B. [redacted]

I, _____ have, this day, knowing that I have a condition
(Name of Inmate)

requiring medical care as indicated below:

___ A. Refused medication.
___ B. Refused dental care.
___ C. Refused an outside medical appointment.
___ D. Refused laboratory services.
___ E. Refused X-Ray services.
___ F. Refused other diagnostic tests.
___ G. Refused physical examination.
X H. Other (Please specify)

No show for MD appt

Reason For Refusal _____

Potential Consequences Explained _____

I acknowledge that I have been fully informed of and understand the above treatment recommendations and the risks involved in refusing them. I hereby release and agree to hold harmless the state, statutory authority, all correctional personnel, medical/health personnel from all responsibility and any ill effects which may result from this refusal and I shall personally assume responsibility for my welfare.

I have read this form and certify that I understand its contents.

Witness Signature

Witness Signature

Patient Signature

8/16/05
Date

1200
Time

NOTE: A refusal by the resident to sign requires the signatures of at least one witness in addition to that of the medical staff member.

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 5/2/05

To: Staton

From: HCU

Inmate Name: Robert McCray **ID#:** 167644

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Allow inmate to have winter coat for duration of term

Date: 5/2/05 **MD Signature:** _____ **Time:** _____

60418

Prison Health Services
Treatment Record

Treatment Ordered: B/P QW X 4 WEEKS

Date	Date	Date	Date	Date	Date	Date
1/8/05	1/14/05	1/21/05	1/28/05	2/4/05		
	No Show	No Show	170/88	No Show		
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Comments:

2-24-05

Patient Name/Number	Allergies:	Housing Unit:
McCray, Robert 167644	NKA	Staton

PHS
PRISON HEALTH SERVICES
INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: McCray, Robert 167644

Date of Birth: [redacted] Social Security No.:

Date: 2-7-05 Time: 10^00 A.M. P.M.

This is to certify that I, McCray, Robert (Print Inmate's Name), currently in custody at the Staton (Print Facility's Name), am refusing to accept the following treatment/recommendations: (Specify in Detail)

No show for M.D appt

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

(Signature of Inmate)** (Signature of Medical Person)

(Witness) (Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

60115 (5/96)

PHS PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSION DATE	TIME	ORIGINATING FACILITY	
01 / 17 / 05	7:15 AM / PM (PM circled)	SCC ☐ SIR ☐ PDL ☐ ESCAPEE ☐	☐ SICK CALL ☐ EMERGENCY ☒ OUTPATIENT

ALLERGIES: Catapress

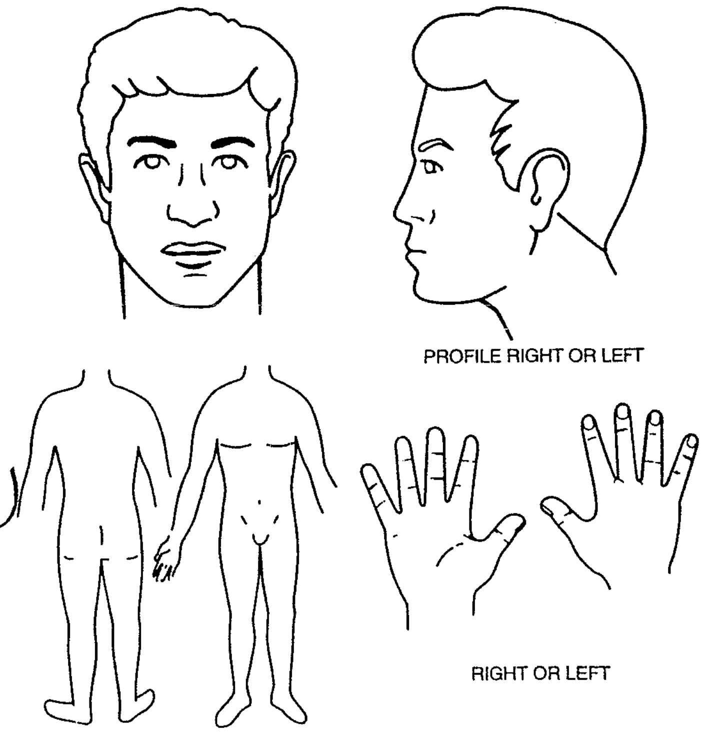
CONDITION ON ADMISSION: ☐ GOOD ☒ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 98.1 (ORAL circled) / RECTAL RESP 20 PULSE 68 B/P 142/78 RECHECK IF SYSTOLIC <100> 50 /

NATURE OF INJURY OR ILLNESS

S) I'm having a sharp pain on the (L) side of my neck & my neck is filling & Swollen. This started happening PI came back from my appointment today.

ABRASION /// | CONTUSION # | BURN xx | FRACTURE Z | LACERATION / ____ SUTURES



PHYSICAL EXAMINATION

O) Oral A/M in take Denies Soreness AA tender to touch & IM guarding AA Denies any numbness to AA & any other part of his body & also denies any weakness to (L) side of body. Ambulates c steady gait. Ø edema Ø swelling Ø skin discoloration, Good ROM c NKC

A) Alteration in Comfort Pain

P) M.D. Notification
Motrin 600 mg as ordered

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY
Motrin 600 mg p.o. now	7:45 pm	W. Williams

DIAGNOSIS
(L) side Neck pain

INSTRUCTIONS TO PATIENT
Return to HCU in AM for appointment c M.D. - Voiced understanding

DISCHARGE DATE	TIME	RELEASE / TRANSFERRED TO		CONDITION ON DISCHARGE
01 / 17 / 05	7:55 AM / PM (PM circled)		☐ DOC ☐ AMBULANCE ☐	☒ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE	DATE	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION
[signature]	01/18/05	[signature]	1-18-05	

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
McCray Robert	167644	[redacted]	B/M	SCC

PHS
PRISON HEALTH SERVICES INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: McCray, Robert

Date of Birth: [redacted] Social Security No.: 167644

Date: 1/14/05 Time: 1945 A.M. P.M.

This is to certify that I, McCray, Robert (Print Inmate's Name), currently in custody at the Staton (Print Facility's Name), am refusing to accept the following treatment/recommendations: No show for treatment/BPV (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

(Signature of Inmate)**

S Johnson, LPN
(Signature of Medical Person)

S Mayton, RN
(Witness)

Massie B. Williams COT
(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

60115 (5/85)

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 1/7/05

To: Staton

From: HCU

Inmate Name: Robert McCray **ID#:** 167644

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Bottom Bunk Profile for duration of term

No prolonged standing > 10 minutes for duration of Stay/ Term

Front of line for duration of term

Date: _____ **MD Signature:** _____ **Time:** _____

60418

ATON CORRECTIONAL CENTE
RECEIVING SCREENING FORM

INMATE'S NAME: Robert McCray AIS# 167642 DATE: 6-22-04

TIME: 7:30pm DOB: [redacted] OFFICER: Lorenzo Davis

Booking Officer's Visual Opinion

	YES	NO
1. Is the inmate conscious?	✓	
2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?		✓
3. Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care?		✓
4. Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infections which might spread through the institution?		✓
5. Is the skin in poor condition or show signs of vermin or rashes?		✓
6. Does the inmate appear to be under the influence of alcohol or drugs?		✓
7. Are there any visible signs of alcohol or drug withdrawals? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.)		✓
8. Is the inmate making any verbal threats to staff or other inmates?		✓
9. Is the inmate carrying any medication or report that he is on any Medication which must be continuously administered or available?		✓
10. Does the inmate have any obvious physical handicaps?		✓
11 Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder?		✓
12. Do you want to talk to a mental health counselor?	✓	
a. Did inmate respond?	✓	
3. Do you have epilepsy?		✓
Do you have any medical problems we should know about?		✓

THE OFFICER: (circle action)

e inmate was: **A:** Released for normal processing. **B:** Referred to appropriate health care unit. Immediately sent to health care unit

SIGNATURE/AIS # OFFICER'S SIGNATURE

Region

NON-FORMULARY PHARMACY REQUEST FORM

Form must be complete and legible. You must Type or Print.

PHS

Site Name and Number: Bibb- A456	Patient Name: (Last, First): McCray, Robert	Todays Date: (mm/dd/yy): 4/1/04
Site Phone #: 205-225-0338	Inmate #: 167644	Date of Birth: (mm/dd/yy): [redacted]
Site Fax #: 205-225-0338	SPP ID #:	PHS Custody Date:

Diagnosis: adenoCA of prostate

☑ Male ☐ Female

Medication Allergies: Catapres

Requested Non-Formulary and Strength: Flomax 0.4mg

Directions: i qHS

Duration of Therapy:
(Maximum approval is 90 days per request)

☐ 7 days ☐ 10 days ☐ 30 days ☐ 60 days ☐ 90 days ☐ Other 180 days

Justification for this non-formulary drug. Include previous therapeutic interventions including lifestyle changes.

71 yo bm c adenoCA prostate Feb 03 and took Flomax per urology recommendation (has tried Hytrin & other med c Limited results)

Compliance: ☐ > 80% ☐ < 80% (Determined by Review of MAR)

Practioner Information: ☑ Physician ☐ NP/PA ☐ Dentist

Name: James Whitley Signature: [signature]

Daytime Phone: Pager Number:

It is the prescribing practitioner's personal responsibility to legibly fill out all of the above fields. Incomplete non-formulary requests will not be reviewed. Any delay in therapy caused by an incomplete/illegible non-formulary request is the responsibility of the prescribing practitioner. Verbal approval is acceptable if the prescribing practitioner is not available.

Determination: ☐ Approved ☐ Additional Information requested. ☐ Alternative clinical rational

Corporate/Regional Medical Director/Designee

Name: Signature:

Date:

Faxed 4/02/04 1:40pm SN

PHS
PRISON HEALTH SERVICES INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Mc Cray, Robert

Date of Birth: [redacted] Social Security No.:

Date: 08/13/04 Time: Any A.M. P.M.

This is to certify that I, Robert Mc Cray (Print Inmate's Name), currently in custody at the ~~Robert Mc Cray~~ Holman (Print Facility's Name), am refusing to ~~accept the following treatment/recommendations:~~ [illegible] (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

(Signature of Inmate)** D Austin Lpn (Signature of Medical Person)

(Witness) (Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 8/10/04

To: STATON

From: SHCU

Inmate Name: McCray, Robert **ID#:** 167604

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other No prolonged standing greater than 20 min 8/11/04 - 11/11/04

Comments:

Date: 8/10/04 **MD Signature:** L. Cassiter CRNP **Time:** 9:30 PM

60418

Staton Correctional Facility:

Sick call is performed at 7:00 pm in the health care unit Monday through Friday. All completed sick call requests and grievances must be placed in the locked sick call request box located beside the pill call window. All sick call requests must be completed and turned in by 2:30 pm daily.

Pill call is performed three times a day from the pill call room located in the common area at the times stated below. Pill call is subject to change by health care unit and security.

1. Morning pill call: 3:30 am
2. Noon pill call: 11:00 am
3. Evening pill call: 3:30 pm

Any dental, medical, or mental health educational information can be obtained through a written request to the Health Services Administrator.

I have had the opportunity to ask questions concerning the above information, and I have received a copy.

Inmate Signature: Robert F McCrary Date: 6/25/04

Nurse Signature: C. Hill, LPN Date: 6/25/04

Access to Care
Prison Health Services
Alabama Department of Corrections

Incarcerated individuals are afforded timely access to care to meet their serious medical, dental and mental health needs in each health care unit.

In emergency situations you are to advise the nearest correctional officer for immediate health services activation.

Inmates in population areas may fill out a routine sick call request form and place the completed form in the sick call collection locked box conveniently located in your facility for daily medical collection and routing to the correct health division.

Population, weekend and holiday sick call written request are reviewed by nurse triage staff each day – weekends and holidays. Those identified as unable to medically wait for the next routine and scheduled nurse triage will be located for necessary assessment. Those found able to wait for the next regularly scheduled nurse triage encounter will be forwarded for review during normal operating hours.

Inmates in lock down or single cells (segregation) may give their sick call request daily to nursing service. You will be contacted within a 24 hour timeframe barring extenuating circumstances.

Incarcerated individuals are not punished for seeking care for their serious health needs.

You will not be denied access to care or care services by medical staff based on any inability to meet co-pay assessments. There is no charge for physicals as scheduled by medical staff, chronic care, medical initiated care, follow-up care (to include test results) or public health care needs.

Inmate health care encounters in each institution are set in accordance with institutional requirements as approved by the Warden.

Medical grievance forms concerning health services may be obtained in the same manner as sick call request forms and returned to health services in the same manner. In segregation you may also ask a correctional officer for a medical grievance form and return the completed form to the officer for forwarding to the unit Health Services Administrator for review. If you are unable to resolve the initial grievance submitted you will be issued a formal grievance for completion by the Health Services Administrator. This form is to be returned to the Health Services Administrator at your site. Grievances are reviewed within three days of receipt.

If you are eligible for our Keep on Person medication program you will be advised and offered the opportunity to participate.

Some over the counter medications are available to you in the canteen. Over the counter medications are not issued from health services as Keep on Person medication.

Medical staff is unable to release your health information to family members.

If you initiate a medical care encounter and are scheduled an appointment for medical or dental services, you are expected to keep your appointment or sign a release of liability form prior to the scheduled encounter. Medication is to be taken as ordered. If you miss your medication you are subject to a counsel by medical staff. Your medical care is important. This is a joint effort between the patient, department of corrections and Prison Health Services.

Your assigned institution will provide you a copy of pill call times, sick call times and other unit specific information you should be aware of.

IDENTIFICATION OF SPECIAL NEEDS

SCC

NAME (PLEASE PRINT) McCray Robert
LAST **FIRST** **MI**

DATE OF BIRTH [redacted] **SS#** [redacted]

Housing Recommendations:

General Population X

Medical Observation Unit____

Lower Level/Lower Bunk____

Suicide Precautions____

Special Watch (15 Minute Checks)____

Isolation____

Initiate Universal Precautions____

Individual found to be:

Frail/Elderly ✓ no prolonged standing profile

Physically Handicapped____

Developmentally Disabled____

Drug/Alcohol Withdrawal____

Special Mental Health Needs____

Expressed Suicidal Ideation____

History of Seizures____

Other____ Stated that he has Prostate Cancer

Specify____

Nurse C. Hall, LPN Date 06/25/04

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

I, X Robert L McCray (Print Name) X 167644 (Doc#)

acknowledge receipt of the following medical equipment or appliance:

( ) Splint
(X) Eyeglasses
( ) Dentures
( ) Prothesis describe _____
( ) Wheelchair
( ) Cane
( ) Crutches
( ) Other describe _____

I acknowledge that the equipment/appliance is functional for my use.

I also acknowledge the equipment/appliance is in good working condition.

X Robert L McCray (Inmate) X May 1, 04 (Date)

S. Williams (Witness) 5/1/04 (Date)

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
[redacted]				

4/19

INSTITUTIC L EYE CARE

P.O. Box 390
Lewisburg, PA 17837

(570) 523-3493
FAX (570) 524-2817

PATIENT				DATE	
MC CRAY, ROBERT				4/19/2004	
NUMBER				INSTITUTION	
167644		BIBB		BIBB\BRENT	
	SPHERE	CYLINDER	AXIS	PRISM	BASE
OD	1.00	-1.50	18	0	
OS	1.00	-1.50	160	0	
	ADD	HEIGHT	DIST PD	NEAR PD	
OD	2.50	18	72	69 64	
OS	0.00	0	0	0	

LENS COLOR/COATINGS: Clear

FRAME	STYLE	FRAME COLOR
NICK		GREY
EYE SIZ	DROP BALL	FINAL INSPECTION
52		

LENSES:	$9.86
FRAME:	$3.49
OVERSIZE:	$0.00
TINT/PGX:	
POLYCARB:	$0.00
DIOPTERS:	$0.00
PRISM:	$0.00
CASE:	
OTHER:	
S/H:	$1.35
TOTAL DUE ($):	$14.70

VISION SAFETY NOTICE:
- Your lenses meet or exceed American National Standard Z80.1 and FDA requirement 21CFR Sec 801,410 for impact resistance but are not unbreakable or shatterproof. Of all the materials that lenses can be made from polycarbonate is the most impact resistant.

- The continued impact resistance of your lenses depends on how well you protect them from physical shocks and abuse. For your own protection, scratched or pitted lenses should be replaced immediately.

-If your occupational or recreational activities expose you to the risk of

(1) Toe nail clipping x 1 day Matthews error

Treatment Continued:

(2) BPV x 3 days (notify if up

Date	Date	Date	Date	Date	Date	Date
5/7/04 done						
Initials	Initials	Initials	Initials	Initials	Initials	Initials

BPV

Date	Date	Date	Date	Date	Date	Date
5/7	5/8	5/9				
141/82	no show	no show				
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date

Comments:

Patient Name/Number	Allergies:	Housing Unit:
McCray, Robert	NKA	167644

Treatment Continued: Clip toenails

Date	Date	Date	Date	Date	Date	Date
5/6/04 toe nails clipped						
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date

Comments:

Patient Name/Number	Allergies:	Housing Unit:
McCray, Robert		167644

BP x 3 days then monthly x 6 months

Treatment Continued:

Date	Date	Date	Date	Date	Date	Date
04/03/04	04/04/04	04/05/04	5/05/04	6/05/04	7/05/04	8/05/04
110/70	110/68	No Show	no show	No Show		
CC	JH	BC	SK	A.Hall		
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date
9/05/04	10/05/04					
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date

Comments:

Patient Name/Number	Allergies:	Housing Unit:
McCray Robert	NKA	

PHS
PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSTION DATE 4/3/04 TIME 10:50 AM PM
ORIGINATING FACILITY Bibb ☑ Inmate ☐ SIR ☐ PDL ☐ ESCAPEE
☐ SICK CALL ☑ EMERGENCY ☐ OUTPATIENT

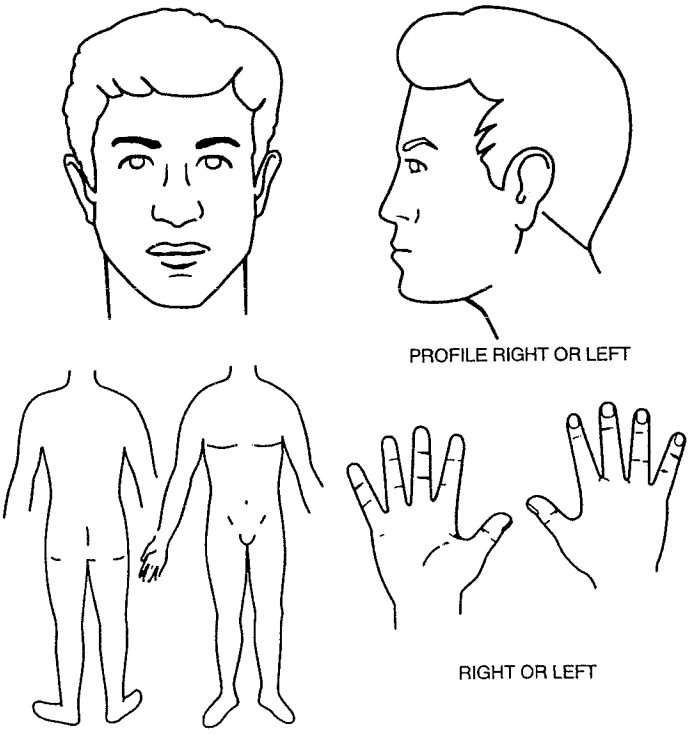
ALLERGIES Catapress
CONDITION ON ADMISSION ☐ GOOD ☑ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 97.5 ORAL RECTAL RESP. 20 PULSE 57 B/P 96/62 RECHECK IF SYSTOLIC <100> 50 ___/___

NATURE OF INJURY OR ILLNESS

"I felt like I was gonna fall out, I was dizzy and sweating a lot."

ABRASION /// CONTUSION # BURN XX XX FRACTURE Z Z LACERATION / ___ SUTURES



PHYSICAL EXAMINATION

D fair condition. Brought over on a ~~stretcher~~ Stricker no acute distress noted calm and pleasant demeanor skin COOL to touch slight wet Resp eun and unlabored no c/o pain states he felt "tightness in my jaws." Was started on two new meds today Cardizem 120mg oral Isordil 10mg

A Alteration in Health ment.

P Notify MD and received orders.

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY
DIC Cardizem 120mg		
÷ daily x 180		
p.o. Dr. Whitley / Williams, LPN		

DIAGNOSIS

INSTRUCTIONS TO PATIENT

DISCHARGE DATE 4/3/04 TIME 11:15 AM PM
RELEASE / TRANSFERRED TO ☐ DOC ☐ AMBULENCE ☑ POP
CONDITION ON DISCHARGE ☑ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE S. Williams DATE 4/3/04
PHYSICIAN'S SIGNATURE [signature] DATE 4/5/04
CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE) [redacted]
DOC# [redacted] DOB [redacted] R/S BM FAC. Bibb

PRISON HEALTH SERVICES INCORPORATED

Attachment E, IMPP 10-127
Effective 3-22-91

DEPARTMENT OF CORRECTIONS

REFUSAL TO SUBMIT TO TREATMENT

Date: 4/3/04 Time: 11:15 A.M. P.M.

I have been advised by Medical Staff S. Williamson

that it is necessary for me to undergo the following treatment:

Observation in HCU
(Describe Operation Or Treatment)

The effect and nature of this treatment have been explained to me.

Although my failure to follow the advice I have received may seriously imperil my life or health, I nevertheless refuse to submit to the recommended treatment. I assume the risks and consequences involved and release the above named Medical Personnel, the Bibb Co med center,
(Name of Facility)

and its agents and employees from any liability.

Inmate: Robert J McCrary Date: 4/03/04 1:1

Witness: S. Williamson Date: 4/3/04

Witness: E Owens LPN Date: 4-3-04

jpm

DOC # 010-127-004

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
MC Cray, Robert	167644	[redacted]	B/M	Bibb

PHS
PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSTION DATE 3/26/04 TIME 8:55 AM PM
ORIGINATING FACILITY Bibb ☐ SIR ☐ PDL ☐ ESCAPEE ☐
☐ SICK CALL ☑ EMERGENCY ☐ OUTPATIENT

ALLERGIES Catapres
CONDITION ON ADMISSION ☐ GOOD ☑ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 97.8 ORAL RECTAL RESP. 20 O2 Sat 97% PULSE 69 B/P 138/72 RECHECK IF SYSTOLIC <100> 50 ____/____

NATURE OF INJURY OR ILLNESS

S) "I feel dizzy and I felt nauseated on yesterday."

O) A&O x3. Breathing even and unlabored. Skin warm & dry to touch. No diaphoresis noted. Heart RRR. Lungs clear. Abdomen soft & nondistended. Bs hypoactive in 4 (R) quad. No n/v noted @ present. States he had a partial BM this BM. C/O stomach cramping.

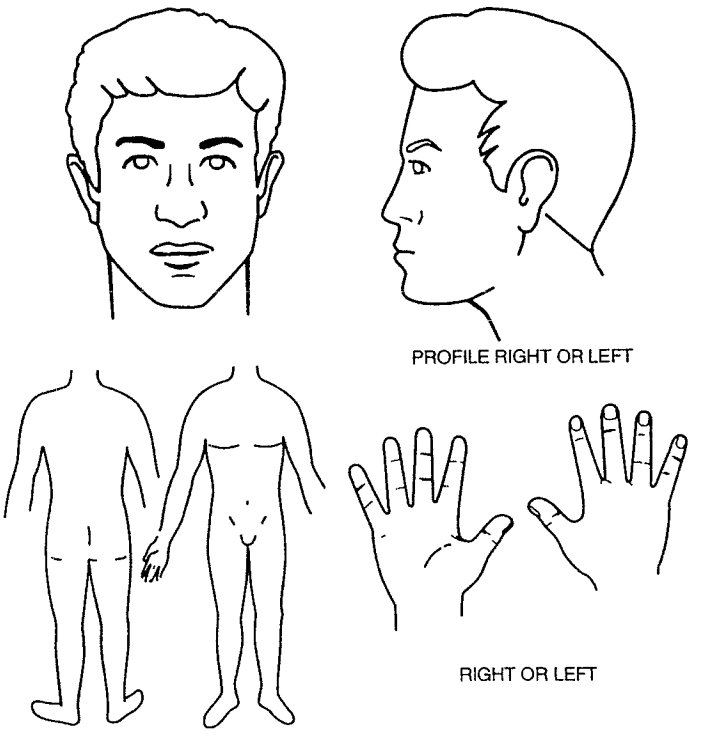
PHYSICAL EXAMINATION

A) Alt. in comfort

P) Refer to MD.

E) Return to HCU PRN

ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / ____ SUTURES



ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY

DIAGNOSIS

INSTRUCTIONS TO PATIENT

DISCHARGE DATE 3/26/04 TIME 9:05 AM PM
RELEASE / TRANSFERRED TO ☑ DOC ☐ AMBULENCE ☐
CONDITION ON DISCHARGE ☐ SATISFACTORY ☐ POOR ☑ FAIR ☐ CRITICAL

NURSE'S SIGNATURE M Mize, LPN DATE 3-26-04
PHYSICIAN'S SIGNATURE J Rubus DATE 3/29/04
CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
[illegible]	11-76644	[redacted]	R/M	Bibb

Prison Health Services

REFUSAL OF TREATMENT FORM

Institution: Bibb

Resident's Name: McCray, Robert ID# 167644

D.O.B. [redacted]

I, _____ have, this day, knowing that I have a condition
(Name of Inmate)

requiring medical care as indicated below:

___ A. Refused medication.
___ B. Refused dental care.
___ C. Refused an outside medical appointment.
___ D. Refused laboratory services.
___ E. Refused X-Ray services.
___ F. Refused other diagnostic tests.
___ G. Refused physical examination.
✓ H. Other (Please specify)

Did not show for MD Appointment

Reason For Refusal _____

Potential Consequences Explained _____

I acknowledge that I have been fully informed of and understand the above treatment recommendations and the risks involved in refusing them. I hereby release and agree to hold harmless the state, statutory authority, all correctional personnel, medical/health personnel from all responsibility and any ill effects which may result from this refusal and I shall personally assume responsibility for my welfare.

I have read this form and certify that I understand its contents.

Witness Signature

M Muse, LPN
Witness Signature

Patient Signature

Date

11:30AM
Time

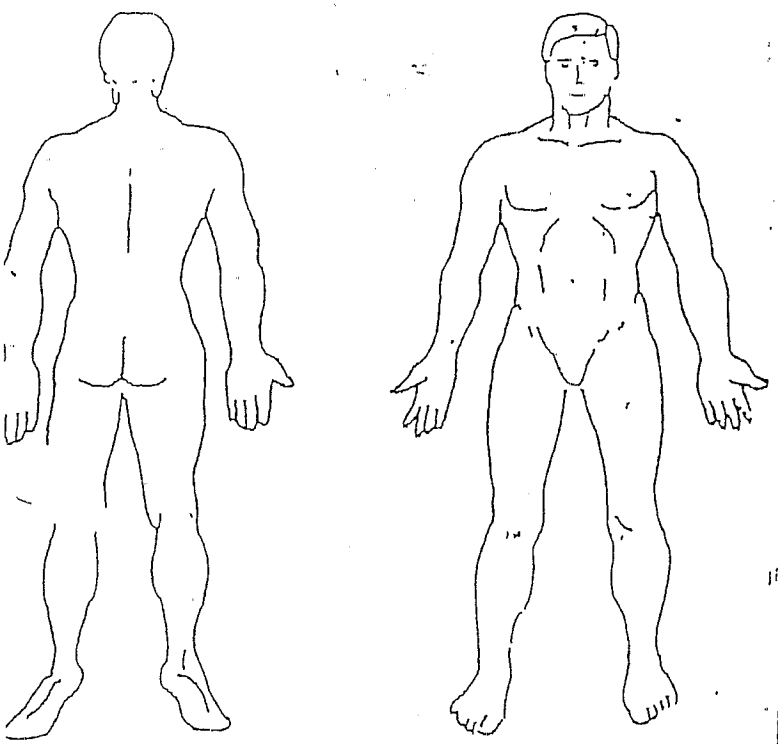
NOTE: A refusal by the resident to sign requires the signatures of at least one witness in addition to that of the medical staff member.

NaphCare [redacted]

Treatment Request and Record

ate quest	Requested By	Patient Status ○ IP ○ OP	Rx. Ordered
inical Diagnosis B/P check q month			Date of Onset
CCC			Date of Surgery

Area of Treatment (Circle)



Progress Notes

11/26/03 162 (R) 130/82 (L) 130/84

Record of Treatment

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total

(Last, First, Middle) MC Ray Robert

Age

ID No. 167644

tment Request and Record

NC064

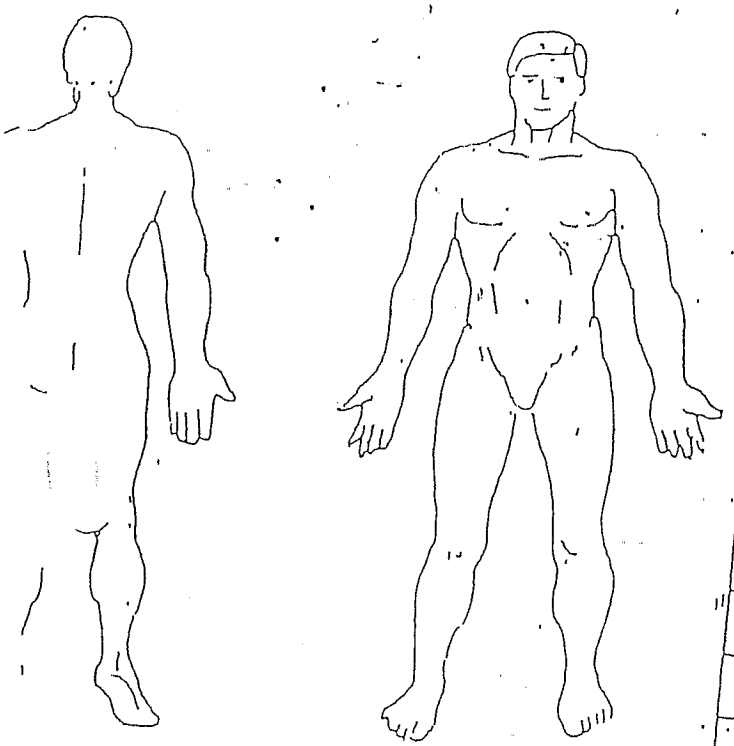
[redacted]

Treatment Request and Record

st	Requested By	Patient Status	Rx. Ordered
10-23-03	RJett, CRNP	○ IP ○ OP	
gnosis			Date of Onset
			Date of Surgery

Foot Soaks + use toenail clippers x1

Area of Treatment (Circle)



Progress Notes

10-24-03 - Foot soak done - Spoke

Record of Treatment

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total

(last, First, Middle) McCray, Robert | Age | ID No 167644

equest and Record

NC06a

DEPARTMENT OF CORRECTIONS

EMERGENCY/ Bebb (OTHER) TREATMENT RECORD

DATE 7-2-03 TIME 6:20 AM PM

FACILITY Bebb ☐ SIR ☐ PDL ☐ ESCAPEE ☑ inmate

☐ EMERGENCY ☑ OTHER F-15

ALLERGIES NKDA

CONDITION ON ADMISSION ☑ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 98.9 ORAL RECTAL RESP 18 PULSE 70 B/P 118/76 RECHECK IF SYSTOLIC <100 > 50

NATURE OF INJURY OR ILLNESS

S" I got a brusted lip And (R) side back hurt"

O: Alert & oriented X3. Skin WD To Touch Resp even & nonlabored ↓ lip on (R) side has a discolorations Abrasion red in color. Voiced c/o pain

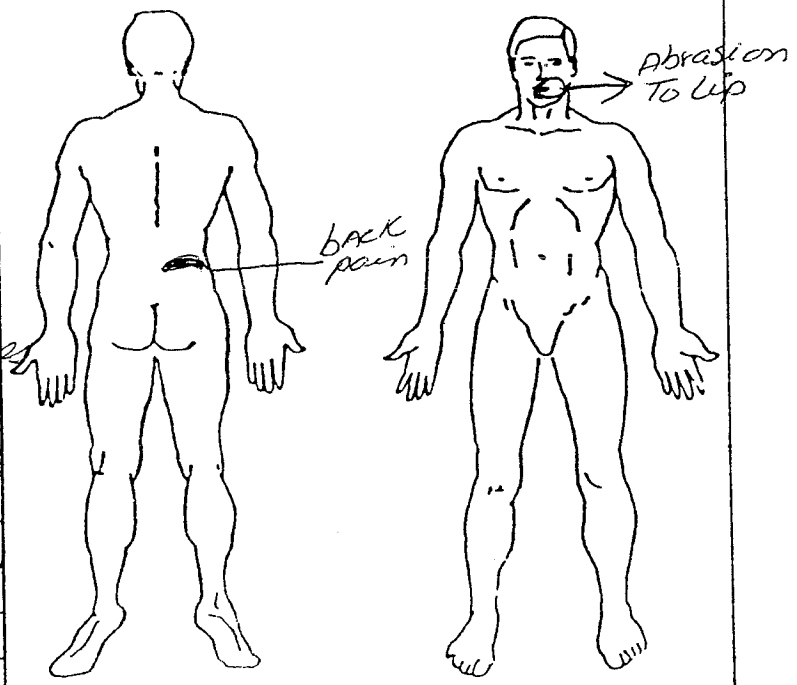
PHYSICAL EXAMINATION

in ↓ back on (R) side. No bruises or Skin Abrasion visible. on pain Scale 1-10 pain is #8 pain upon urination NO S/S of blood in urine.

A: Alteration in Skin intensity / Comfort

P: refer jacket to M.D.. ↓ motrin 600mg p.o. Tid x 10 days

ABRASION///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION/ SUTURES



ORDERS, MEDICATION, etc.

& Avoid heavy lifting & Strenuous excercise

& will obtain c/A.

DIAGNOSIS

INSTRUCTIONS TO PATIENT

RELEASE/TRANSFER DATE 7/2/03 TIME 6:20 AM PM

RELEASE/TRANSFERRED TO ☑ DOC ☐ AMBULANCE ☐

CONDITION ON DISCHARGE ☐ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE J Prince LPN DATE 7/2/03

PHYSICIAN'S SIGNATURE DATE 7/9/03

CONSULTATION

PATIENT'S NAME (LAST, FIRST, MIDDLE) [redacted] AGE 20 DATE OF BIRTH 7/6/82 R/S B/M AIS # 226602

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

Bibb

INSTITUTION

Robert McCray — NAME

116744 — NUMBER

BM — R/S

Lay-in for _____ days from _____ to

(date)

_____ due to _____

(date)

DOC denied coat profile per Assistant Warden Estes V. Knott 4/7 6/13/03

Instructions: May have state coat X 180 days - 6/12/03 → 12/12/03

Failure to follow the directions above may result in a disciplinary.

6/12/03

Date Issued

Signature

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

Bibb

INSTITUTION

McCray Robert — 167644 — B/M

NAME — NUMBER — R/S

Lay-in for _____ days from _____ to _____

(date) (date)

due to _____

Instructions: may have shoe replacement- old ones worn out. start 4/25/03

Failure to follow the directions above may result in a disciplinary.

4-25-03 — Skinner, LPN

Date Issued — Signature

-53

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

Bibb

INSTITUTION

McCray Robert — 167644 — B/

NAME — NUMBER — R/

Lay-in for _____ days from _____

(date)

due to _____

(date)

Coat Profile: May have coat 180 days

Instructions:

Start 6/12/03 STOP 12/12/03

Failure to follow the directions above may result in a disciplinary.

6/16/03 — E. Smith

Date Issued — Signature

NaphCare

Release of Responsibility

Robert McCray
Name of Inmate

3-403 / 10:15 A
Date & Time

167644 / 8-25-14
Inmate ID Number / Date of Birth

Date & Time

I hereby refuse to accept the following treatment/recommendations:

for Prostate Ca treatment
Chemo / Radiation / Lupron inj
Requesting a Radioactive Seeding option.
Not approved per Corporate medical
director. RM

I acknowledge that I have been fully informed of and understand the above treatment(s) or recommendation(s) and the risk(s) involved in refusing. I hereby release and agree to hold harmless NaphCare, Inc., its employees and agents from all responsibility and ill effect which may result from this action.

Robert L McCray
Inmate Signature

3/4/03
Date & Time

S. Benton RN / L. Laurence RN NSA
Witness

The aforementioned inmate has refused the listed medical treatment(s) and/or recommendation(s) and has refused to sign this form.

Witness

Witness

Date & Time

DEPARTMENT OF CORRECTION

EMERGENCY/ Walkdown (OTHER) TREATMENT RECORD

DATE 3/3/03 TIME 1645 AM PM | FACILITY Kilby ☐ SIR ☐ PDL ☐ ESCAPEE ☐ | ☐ EMERGENCY ☒ OTHER

ALLERGIES Clonidine

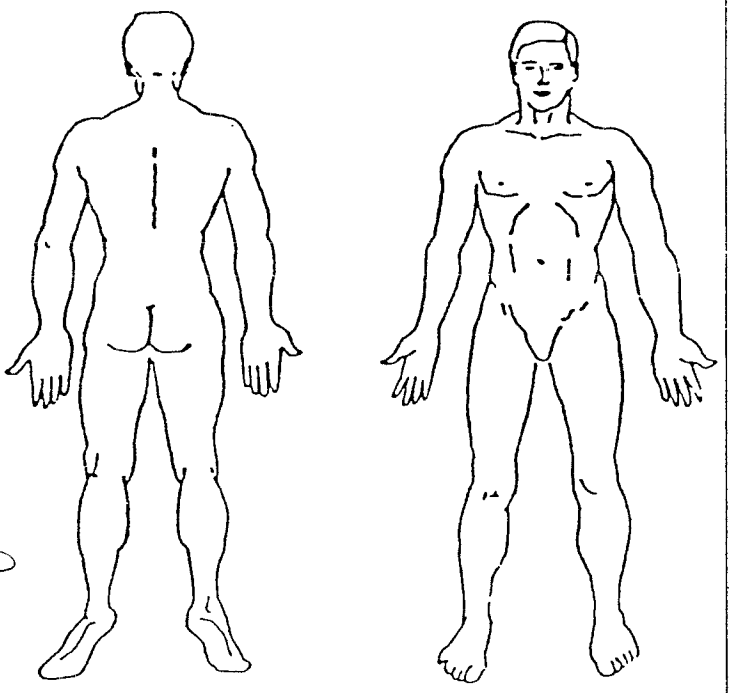
CONDITION ON ADMISSION ☐ GOOD ☒ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 99.4 (ORAL) RECTAL RESP 20 PULSE 76 B/P 120/76 RECHECK IF SYSTOLIC <100> 50

NATURE OF INJURY OR ILLNESS

S- Pt is having Cold Symptoms & Chills that Started Last Night. (Denies to sign up for Sick Call)

ABRASION/// | CONTUSION # | BURN xx xx | FRACTURE Z Z | LACERATION/ SUTURES



PHYSICAL EXAMINATION

O- awake & alert & Orient x 3, Color good Skin WD & Warm Chest Clear Bilateral Abd Soft & active Bowel Sound present Pt Walk in Upright Pos Chills & Cold

Pt Cold Tx

ORDERS, MEDICATION, etc.

1) Cold Tx x 1 dose.

P. O. Dr Robbins C Brown

DIAGNOSIS

INSTRUCTIONS TO PATIENT

Informed Denies to sign up for S/C

RELEASE/TRANSFER DATE 3/3/03 TIME 1645 AM PM | RELEASE/TRANSFERRED TO ☒ DOC ☐ AMBULANCE ☐ | CONDITION ON DISCHARGE ☒ SATISFACTORY ☐ FAIR ☐ POOR ☐ CRITICAL

NURSE'S SIGNATURE C. Brown LPN | DATE | PHYSICIAN'S SIGNATURE | DATE | CONSULTATION

PATIENT'S NAME (LAST, FIRST, MIDDLE) | AGE | DATE OF BIRTH [redacted] | R/S | AIS #

DEPARTMENT OF CORRECTIONS

EMERGENCY/ Walk-Dom TREATMENT RECORD
(OTHER)

DATE 2/9/03 TIME 2350 AM ~~PM~~

FACILITY KCF
☐ SIR ☐ PDL ☐ ESCAPEE ☐

☐ ~~EMERGENCY~~
☑ OTHER

ALLERGIES C

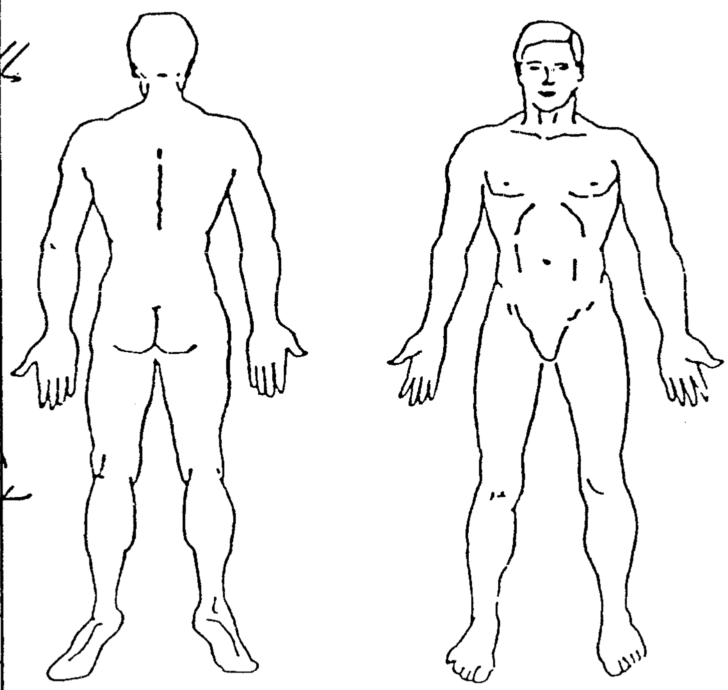
CONDITION ON ADMISSION
☑ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 101.1 ORAL RECTAL RESP 20 PULSE 82 B/P 160/80 RECHECK IF SYSTOLIC <100> 50

NATURE OF INJURY OR ILLNESS

S - My throat seem to be a little sore. And I have chill in my chest.

ABRASION/// CONTUSION # BURN xx FRACTURE z LACERATION/ SUTURES



PHYSICAL EXAMINATION

O - Skin warm to the touch resp [illegible] ease. no S/S [illegible] distress noted. Lt hand [illegible] @ [illegible]

A - Alt in comfort R/T ↑ temp

ORDERS, MEDICATION, etc.

P - Tylenol ii tabs given X1 dose

DIAGNOSIS

INSTRUCTIONS TO PATIENT

RELEASE/TRANSFER DATE 02/08/03 TIME am AM PM

RELEASE/TRANSFERRED TO ☑ DOC ☐ AMBULANCE ☐

CONDITION ON DISCHARGE
☑ SATISFACTORY ☐ POOR
☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE [signature] DATE 2/9/03

PHYSICIAN'S SIGNATURE [signature] 2/10/03

DATE

CONSULTATION

PATIENT'S NAME (LAST, FIRST, MIDDLE) [illegible]

AGE 19

DATE OF BIRTH [redacted]

R/S B/M

AIS # [illegible]

B.52

DEPARTMENT OF CORRECTIONS

TREATMENT REQUEST AND RECORD

Date of Request	Requested By	Patient Status	Rx. Ordered
2/10/03	OPC	☐ IP ☒ OP	

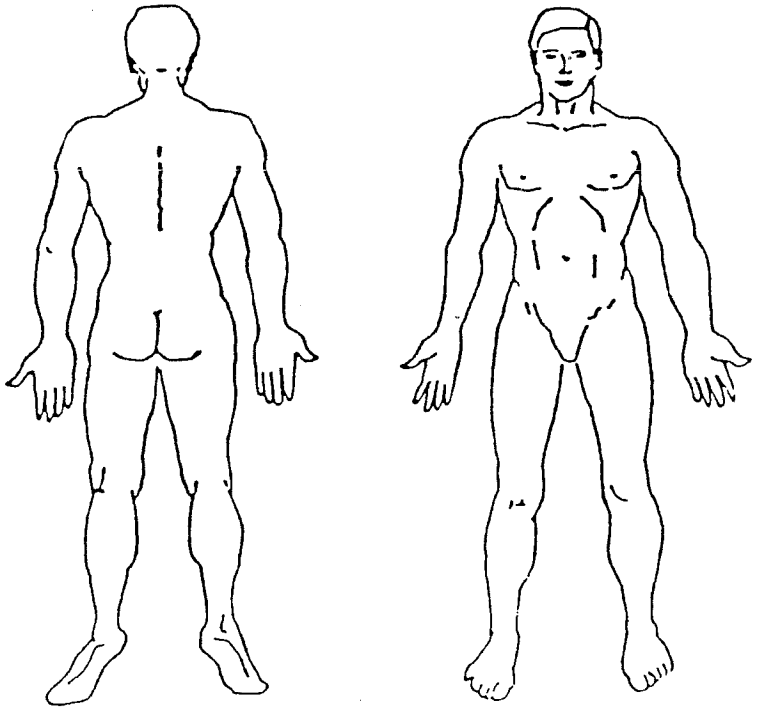
Clinical Diagnosis

EKG Please

Date of Onset

Date of Surgery

AREA OF TREATMENT (CIRCLE)



PROGRESS NOTES:

EKG
Done
2/10/03

RECORD OF TREATMENT

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
FEB										EK																						

Patient's Last Name | First | Middle | Age | R/S | ID No

mcC

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

KCI

INSTITUTION

Robert McCray 167644 B/M

NAME NUMBER R/S

Lay-in for ____ days from _____ to _____

(date)

due to _____

(date)

Instructions:

May go to population
On Medical Lay-in

~~Failure to follow the directions above may result in a disciplinary.~~

1-9-03

Date Issued

Dr. Robbins

Signature

RN

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

Kilby

INSTITUTION

McCray, Robert 167644 B

NAME NUMBER R/S

Lay-in for ____ days from _____

(date)

due to _____

(date)

Instructions: Work Stop x 2 days

Failure to follow the directions above may result in a disciplinary.

2/10/03

Date Issued

V.O. A Lowery CR

Signature

Y Stonejr RN

F-53

Infirmary Admission Record

Inmate Name	ID #	Race	DOB
McCray Robert	167644	Black	[redacted]

Admission to be Completed by Person Receiving Patient in Infirmary

Date 1-8-03 Time 1715 From Elmore CO Jail

Method ● Ambulatory ○ Wheelchair ○ Stretcher Admitting M.D.

Admitting Diagnosis Admitting M.D. notified ○ AM ○ PM

Admitting Orders ○ Yes ● No Medical Record ○ Yes ● No Transfer Medical Information ● Yes ○ No

VITAL SIGNS	Time	Wt	BP	Pulse	Resp	Temp
	1715	162 lb	160/100	72	20	98.4

PPD Date Results

Known Allergies ● Yes ○ No If Yes, list and describe reaction

Food

Drug Cotrim

Medications Patient is currently Take (Include over-the-counter medications)

Name	Dose / Time / Last Dose	Name	Dose / Time / Last Dose
ASA	1 qd	HCTZ 25mg qd	
Tegretol 50mg	1 qd	Lopid 600mg bid	
Prazosin 2mg	1 qd	Ativan 2mg TID	Subj: Flomax

Emotional Status ○ Relaxed ● Cooperative ○ Withdrawn ○ Openly anxious ○ Uncooperative ○ Growing agitated

Impairments

Hearing ● Adequate Decreased ○ Rt ○ Lt Deaf ○ Rt ○ Lt Hearing Aid ○ Rt ○ Lt

Vision ○ Adequate Decreased ○ Rt ○ Lt ● Glasses ○ Contacts ○ Cataracts ○ Artificial Eye ○ Glaucoma

Communication Language ● English Other Interpreter

Social History Divorced 2 Children

Drug or Alcohol Use No

Education Level Master in Psychology

Smoking No

Skin Assessment

Presence of skin lesions ○ Yes ● No If Yes, describe on Skin Assessment Form (NC???)

Skin Color Brick Skin Temperature ● Warm ● Dry ○ Cool ○ Moist

Edema Yes Describe 1+ LE but when goes to bed it went away

Fingernails Color WNL Condition Good

Toenails Color Pink Condition Good

Nutrition Assessment

Last intake Food 1-8-03 (Date/Time) Fluid 1/8/03 (Date/Time)

Recent weight changes (reason) ○ Increase ○ Decrease

○ Difficulty in swallowing

○ Special Diet Regular

Feeding Tube ○ Yes ● No Type

Elimination Assessment

Last Bowel Movement 1/8/03 Constipation ● Yes ○ No Diarrhea ○ Yes ● No

Urine Frequency Yes Urgency ○ Yes ○ No Discharge ○ Yes ○ No Burning ○ Yes ○ No

Potentional for Injury

Steady on feet ● Yes ○ No Unsteady on feet ○ Yes ● No Aids to mobility ○ NA ○ Cane ○ Walker ○ Crutch ○ Wheelchair ○ Prosthesis

Recent falls ○ Yes ● No

Signature Linda Brown Date 1-8-03

Medical Progress Notes - Infirmary Admission

Inmate's Name McCray Robert Inmate No. 167644

Date 1/8/03 Time 1700

SOA	PLANS
. Brief History	Vitals: P B/P R T
	Diet
	Activity
	Medication Orders
O. Physical Examination	
Awake + alert + oriented x 3, Color good, Skin WD + D	
	I.V. Orders
	None
	Other Orders
A. Admitting Diagnosis	
Admitted by Charles Brownlee	
Signature	

NaphCare [redacted]

Graphic Record

Name McCRAY ROBERT
ID# 167644
D.O.B. [redacted]
Facility KCJ

Date				11/8/03								11/9/03																								
Hour	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12
Temperature																																				
106																																				
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97																																				
96																																				
Pulse																																				
Respirations																																				
Hours 4 am																																				
Blood Pressure 8 am				130/90																																
12 am																																				
4 am																																				
8 am																																				
12 am																																				
Weight Height																																				
Fluids Urine																																				
I: C - P - T - S																																				
Hygiene																																				
Care																																				
W F P																																				
W F P																																				
Activity																																				
Rest																																				
Positioning																																				
Exercises																																				
Pool																																				
Urs																																				
e																																				
7-3																																				
3-11																																				
7-11																																				

Pulse				80				80		82																										
Respirations				18				20		20																										
Blood Pressure								120/80																												
								132/70																												

ic Record

PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: McCray Robert	D.O.B.: [redacted]

8/25/05 discussed treatment option for prostate CA (PSA 8.5, Gleason score-6)

Options: Observation vs. External Beam vs. prostate Implant.

Discussion: He like to have prostate Implant. However, his prostate is large by digital Ex. Therefore, he need Hormone shot before implant which cause side effects including erectile problem. At this point, he like to wait (watch option and then make a final decision.

Recommend: PSA check, every 3 months as watchful waiting option.

Robert Kim MD
Donald Urban M.D

J Pearson MD
8/25/05
2 pg

Date/Time	Inmate's Name:	D.O.B.: / /

9/22/05 9:50 — 20+HCP re: f/u prostate Wt 154 T-97.5 P-66 R-18 02sat 98% on RA (178/90)

(S) Pt has not heard from parole board. He will not make a decision regarding prostate treatment until he hears from his parole board.

A/ Prostate CA

P/ RTC in 4wk: — Awaiting pt to hear from parole board and permission to proceed w treatment of his prostate CA.

10/26/05 TC HCP re: CA

wt 168, 60, 97%, 96, 120/70, 18

(S) Pt is complete today. Pt has hearing on 11/21/05

(O) Pt does not want any further interventions until he hears from his hearing regarding being released.

— Concerns regarding waiting — this may cause a change in the options for treatment.

PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: McCray, Robert D.O.B.: / /
11/16/05	To see M.D. for recheck - further Treatment. BLep
	S) Pt can't make decision on what he want to do. He has a parole meeting today O. NAD A. Pt. allowed to leave for Parole meeting he is to return to me in (wk
11/23/05 10/10	20 yr/CP ri. see Dr. Peasant for f/u Wt 158 1/2 T-98' P-64 R. 18 B/P 128/64 S) No complaint today
~~12/9/05~~	~~To Hep re: Wt 162~~